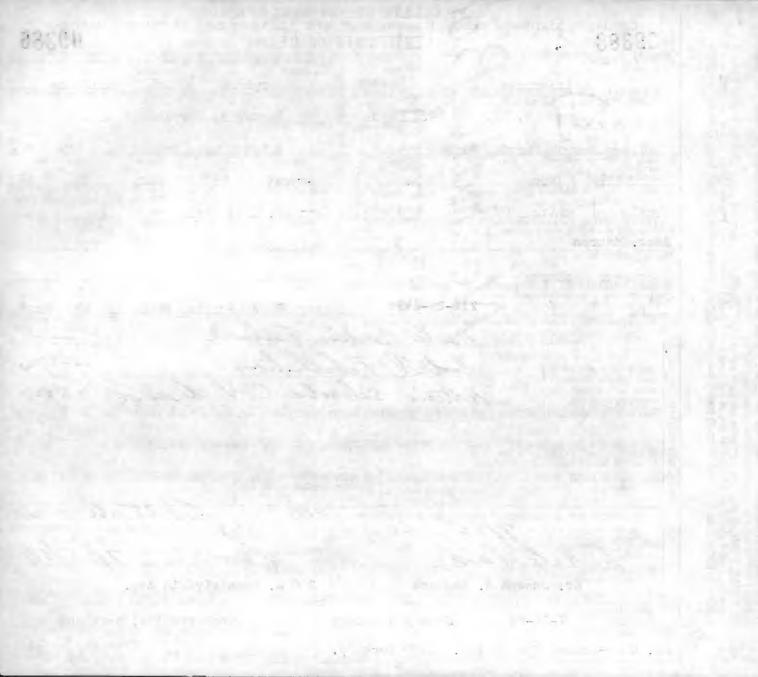
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÷	F24		09383 CERTIFICATE OF DEATH	REEI, BALIIMURE I, M	09386
deat	funeral and 2 death.	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Wh a. STATE	ere deceased lived, If Institution: Rob. COUNTY	esidence before admission)
hours after death	等 (等)	-	Baltimore Maryland Maryland Maryland		timore and give nearest town)
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ig:	on with	3.	NAME OF First Middle Last 4, 1	Burke Avenue DATE Month	Day Year
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xec	n and cor remove in any ev		female white WIDOWED DIVORCED Sept 10, 1884	8] yrs.	
	sician lease and in	dı.	va. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR library & lindustry life, even if retired)	State, or foreign country) 12. Cl	ITIZEN OF WHAT DUNTRY?
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Cert	tending philit. Then per removal	1	Stephen Akehurst 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
ath	たでえ	0	'es, no, or unkown) ((fyes give war or dates of service)	omećne Hene 111	Most Bood
- S	2.5	=	no 216-28-6998 Dulaney Towson No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	ursing Home, 111	West Road INTERVAL BETWEEN
ı. the	3 (A) E		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failer	e	ONSET AND DEATH
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician.	been signed the burial-transor to burial, cro		Conditions is any which I		4-5 yrs
require	the bu		gave rise to immediate cause (a), stating the DUE TO Defer Colorate C-V	dinesso	25/20.
aw	as the	Z	underlying cause last. (c) // TOWARD DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
or a	certificate has ned for use as t. of Health pril	CERTIFICATION		,,	PERFORMED?
Tal les	持有		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury	y In Part I or Part II of Item 18.	
PHYSICIAN: the hospital	this cert stached Dept. of		202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
G PHY	After this d be detact State Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year Phour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	20f. (City or town) (Cou	unty) (State)
OR ATTENDING be retained by	R: Aff	-	21. I certify that (I) (this hospital) attended the deceased from 1941, 19	todacky 25, 196	E, that (I) (me) last
TE	3 shou		saw the deceased alive on 7/2 5 1966, and that death occurred at 25	from the causes and on the	
R A	DIRECTOR: age 3 should led with the		22a. SIGNATURE ATTENDING MED.	STAFF -	ATE SIGNED
	age a	1	Von It Sederack M.D. PHYS. DIRECT	TOR PHYS.	23/00
PIT 4	FUNERAL irector, pa		NAME (Time)	sylvania Ave.	
O HOSPITAL Page 4 may	director, should be	23		d. LOCATION (City, town or cou	unty) (State)
5	5 per	1	Burial 7-28-66 Jessop Cemetery C	ockeysville, Mar	
	E			REGISTRAR 25b. REGISTRAR'	
	A15 (4) \ 1 4-64	1	Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE JUL	29 1966 fcliar	as Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY BALTIMORE by the fi Pages 1 urs after hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours APPROX.10YRS RURALBALTIMORE Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? filled d. STREET ADDRESS θ. 24 VILLA MARIA. NOTCHCLIFF GLENARM YES # NO 2105 etely within 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED MARY (Type or print) SISTER BENNO ALLMANN compli DEATH JULY executed 5. SEX 6. COLOR DR RACE 8. DATE OF BIRTH ACE (In years LIF UNDER 1 YEAR LIF UNDER 24 HRS 9. emove. 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours in any (and WIDOWED 38年 DIVORCED JULY 13. 1882 10a, USUAL OCCUPATION (Cive kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease during most of working life, even if retired) COUNTRY? INDUSTRY and RETIRED TEACHER NEW YORK U.S.A death-certificate 0 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending primit. Then JACOB ALLMANN JULIANA DOERNER 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 10 (Yes, no, or unkown) | (If yes give war or dates of service) burial-transit pem burial, cremation, the t 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). INFARCTION OLARDIAL attending physician. signed DUE TO SCVD been sig the burit Conditions, If any, which (b) gave rise to immediate r the **DUE TO** cause (a), stating underlying cause last. a≽ (c) 38 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate hospital or NO YES this cerum detached for 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C)ty or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After ATTENDING 19 at work at work ould the FUNERAL DIRECTOR: A firector, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19 65 to that (I) (we) last and that death occurred a7:40PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SICNED 22a. SIGNATURE filed ATTENDING PHYS DIRECTOR HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL director, NAME (Type) pinous LOCATION (City, town or county) (State) 23b. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION. DATE THERFOR 23c. REMOVAL (Specify) UNERAL DIRECTOR **ADDRESS** 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE CARLE 56 20M

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MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY O. MARYTAND BALTIMORE MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits, FORT HOWARD 2 DAYS BALTIMORE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM2 VETERANS ADMINISTRATION HOSPITAL 2819 MUNSTER ROAD NO K YES 3. NAME OF First Middle 4. DATE Manth Last Year Day DECEASED ALTHAUS WILLIAM 0F JOHN 28 66 19 (Type ar print) DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months last birthday) Days Hours 7 12 14 WHITTE MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11, 81RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MINISTER MINISTRY COLUMBUS, OHIO 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CAROLINE M. MEYER JOHN K. ALTHAUS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates of service) CLINICAL RECORDS-VAH, FORT HOWARD, MD. 07 06 INTERVAL SETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y RECENT DEATH BRONCHOPNEUMONIA IMMEDIATE CALISE (a) DUF TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? TES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CARCINOMA BRONCHOGENIC NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT!FY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not While at work at wark 21. I certify that (14 (this hospital) attended the deceased from 1966 , to 7 28 1966 that (DC(we) last 19 66, and that death occurred at8:25PM, fram couses and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS.

and in ony by the attending physician ond ronsit permit. Then pleose rem 0000 Ь cremation, burial-tronsit signed ! burial, been s ottending prior to SID hos for use Health Page 4 may be retained by the hospitol or this certificote detached State Dept. After O FUNERAL DIRECTOR: director, page 3 should be filed v VR A15 (4) 20 M 1/66

24 hours after deoth

executed

fow requires that the death certificate

by the funeral Pages 1 and guq

filled in

hours

event, within 72

S. SEX

CERTIFICATION

22c. PHYSICIAN'S NAME (Type)

23g. BURIAL, CREMATION

REMOVAL (Specify)
BURLAL

corbon

remove

24. FUNERAL DIRECTOR **ADDRESS** HARFORD ROAD INC. BATT MORE.

LAWRENCE F. AWALT, M. D.

em.

22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ARLINGTON NATIONAL

23d. LOCATION (City or Town)

(County) (State)

ARLINGTON. VIRGINIA 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1966

VAH. FORT HOWARD, MARYLAND

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	09391	CERTIFICATE OF	DEATH	0.9389
석내	NAME OF DECEASED EDWARD APPEL		2. DATE AND HOUR OF BEATH	,,0000
Top 3.	EDWARD APPEL		July 21, 1966	4:15 A M
1013	PLACE OF DEATH IN BALTIMORE, MARKAND BALTIMORE COUNTY	A. STATE	RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
to be	FULL NAME OF (If not in haspital at institution, give stre	Md.		IMORE
La Li cia	NOITUTITZNI	c. citro	R TOWN III outside city limits, write Real timore	(URAL and give township)
	BALTIMORE - 34	D. STREET	40	
. 1	3101 California ave	0.1.0		
5.	SEX 6. RACE 7. MARRIED, NEVER	MARRIED B. DATE OF	BIRTH P. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haus: Min.
	M W Married		2 1885 fost birthdoyf	Manths Doys Haurs Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE	SS OR INDUSTRY IT. BIRTHPI	LACE (Stole of foreign country)	12. CITIZEN OF
dor	Concentrate Concen	44	4	WHAT COUNTRY?
	Carpenter Construc	tion Mc	ER'S MAIDEN NAME	USA
71.55	Nicholas Annel	1	Jnknown	
15.	Nicholas Appel Was Deceased Ever in U. S. Armed Farces? (st. no or unknown) (III yes, give wor or dotes of service) \$ 50. Sec	IAL 17. INFORM		ADDRESS
E(Ye		URITY NO.		
_	118.		amily records	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
מוווווווו נוששעונטוו	LEADING TO DEATH	ASCVD wis	th ct-oke	6
	(This does not meen the made of dying, e.g., heart failure, asthenia, etc. II means the disease,	ASCYD wi	LII S.CI OKE	
	injury or camplication which caused death.)			
	ANTECEDENT CAUSES	DUE TO		***************************************
	DISEASES OR CONDITIONS, if ony, giving			
	rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	(C)		
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ATION O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ð		the same of the sa
AT	DISEASE OR CONDITION CAUSING IT.	urinary	tract infection 7	-2/ 1961
5	and the state of t		6 and that in (my) (our) opin	
	that (I) (we) ast sow the deceased alive on			
42	and hour and from the causes stated above. (I) (We)	aid) (did not) view the bo	ady piter death.	23 B. DATE SIGNED
ž V	that (I) (we) ast sow the deceased alive on	M.D. Attending	Med. Stoff	7-22-66
11 P	Allen E. 10 C.	Phys.	Director Phys. L	/
d he	NAME Type			
Tive I	John C. Hyle	M.D. 7527		ty, town, or county) (State)
₩24.	A. BURIAL CREMATION, 248. DATE 24C. NAME of	CENTETERT OF CREWINTORY	Lan beaution	W
14	Burial 7/23/66 Morel	and Mem Park	Balto Co. Md	ADDRESS
25	A. DATE REPULEY 25 1966 ACCOUNTED JU		EVANS & SON 8802	Q .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

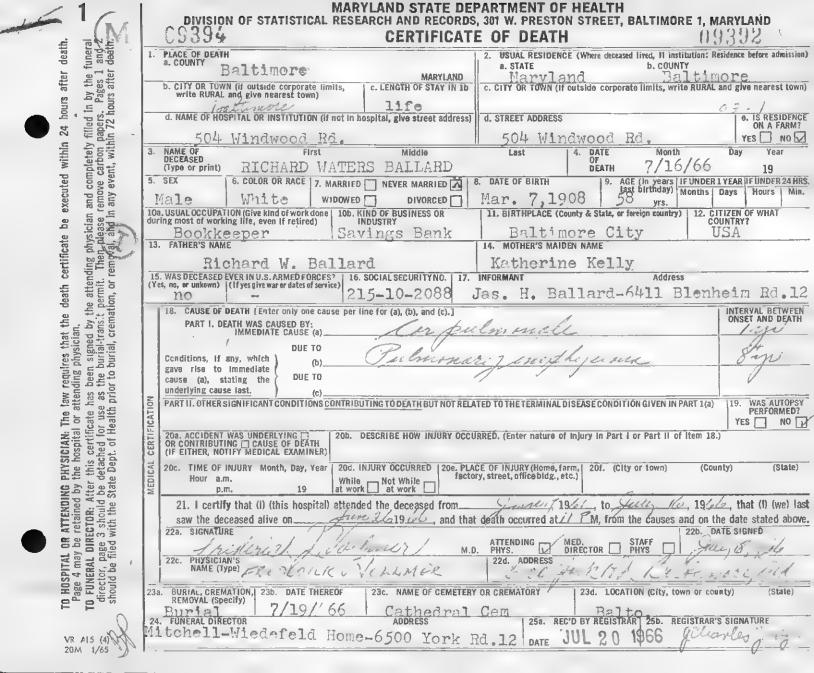
CERTIFICATE OF DEATH 09392 inequality certificate be executed within 24 hours after death death pup attending physician and campletely filled in by the funeral bernit. Then please remove carban papers. Pages I and . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STATE MARYLAND o. COUNTY b. COUNTY BALFIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 85 DAYS BALTIMORE FORT HOWARD IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 1933 EASTERN AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO X 3. NAME OF First Middle 4. DATE Last Manth Year DECEASED 30 19 66 JULY JAMES 0. ARBAUGH DEATH (Type or print) I IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED T NEVER MARRIED Months Dovs Hours FEBRUARY 16,1912 WIDOWED DIVORCED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if refired) AUTOMOBILE PLANT ALDERSON, WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BERTHA MN: HIGHLANDER ALEXANDER S. ARBAUGH 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor ar dates af service) P 233 10 87 80 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) the signed by the burial-transit p MONTH BEATH PART I. DEATH WAS CAUSED BY: HYPERNEPHROMA WITH METASTASIS requires that IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO far 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) Nat While at wark at work to 17 10/00 4/10/00 21. I certify that (1) (this haspital) attended the deceased from be retained and that death accurred at 3:20AM, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 7/11/66 M.D. DIRECTOR PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify) July 12/66 RAINELL, WEST VIRGINIA ENDOF TRAIL CEMETERY 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Baltimore Md VR A15 (4) 20 M 1/66 Ullrich Funeral Home DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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fiter the start of	Baltimore County MARYIAND COM X CAME
Page	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Wount Wilson C. LENGTH CF STAY IN 1b C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
f house in the first house in th	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE
in 24 fill pap	Mount Wilson State Hospital 839 S. KOMMOOR YES ND TY
d within npletel carbor sut, wi	3. NAME OF DECEASED FRANK JOSEPH BAILEY SR. DEATH 7 28 1966
xecuter	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (in years IFUNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVDRCED 8. DATE DF BIRTH 9. AGE (in years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
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requires that the death certificate be executed within 24 hours after death, been signed by the attentions, physician and completely filled in by the funeral the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 for to burial, cremation, or removal, and in any event, within 72 hours after death.	13. FATHER'S NAME TOHN BALLEY 14. MOTHER'S MAIDEN NAME TULIA (2)
	15\WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address 16. SDCIAL SECURITY ND. 17. INFORMANT Address 16. SDCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. SDCIAL SECURITY ND. 18. SDCIAL SECURITY ND. 17. INFORMANT 18. SDCIAL SECURITY ND.
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N: Ti ital o tifica for f Hez	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The the hospital or this certificate detached for us e Dept. of Health	
ING PHYSICIAN: The law requires that the deat is by the hospital or attending physician. After this certificate has been signed by the at be detached for use as the burial-transit permistate Dept, of Health prior to burial, cremation.	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work December 19 Actions, street, office bidg., etc.)
ENDING Inned IR: Af ould the S	21. I certify that (I) (this hospital) attended the deceased from 5.31. 1966, to 7.72, 1966, that (I) (we) last
A ATTENI P retaine RECTOR: 3 should with the	saw the deceased alive on 7. 2. 19.66, and that death occurred at 3.3%, from the causes and on the date stated above.
AL OR NAY be page a filed y	M.D. ATTENDING MED. STAFF 17.29.1966
TO HOSPITAL OR ATTENDING F Page 4 may be retained by t O FUNERAL DIRECTOR: After director, page 3 should be o should be filed with the State	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland
TO HG	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BULL 21 8/1/66 23c. NAME OF CEMETERY OR CREMATORY Balto., Md.
R	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI5 (4) 2DM 1/65	Leonard J. Ruck, Inc., 5305 Harford Rd. DATEAUG 1 1966 Junes Judge





		MARYLA DIVISION OF STATISTICAL RESEARC		'ARTMENT OF HEA , 301 W. PRESTON ST	ALTH Reet, Baltimore 1,	MARYLAND
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hours after death in by the funera rs. Pages 1 and 2	1.	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	a STATE for /	te deceased lived, If institution: and b. COUNTY Bo	Residence before admission
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uted within 2 cmmpletely file event, within	3.	NAME DF DECEASED (Type or print) NAME DF TIRST TLOSSIE	Middle	Last 14, D.	ATE Month	Day Year 19 66.
executed	5.	SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED 8		70000 23	R 1 YEAR IF UNDER 24 HR. Days Hours Min.
e be ex Siciam ■ lease re	10: du		F BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country) 12.	CITIZEN OF WHAT
rtificate ne pllys fron pl moval,	13	FATHER'S NAME O GEORGE W. Stee	n	14. MOTHER'S MAIDEN NAN	Rose Keith	leu
eath ce	15 (Y			informant anchard & Bri	Address	-0
he d y the sit p matic		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Heart Dise	Ach	INTERVAL BETWEEN ONSET AND DEATH
The law requires that to or attending physician, sate has been signed by use as the burial-transalth prior to burial, cre		Conditions, If any, which) (b)	with hy	pertensin		3 years
aw requirenting the prior to	2	gave rise to immediate cause (a), stating the underlying cause last. DUE TO	the hell	Litus		3 years
or a or a cate cate ealth	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(2	19. WAS AUTOPSY PERFORMED? YES NO V
PHYSICIAN: The the hospital of this certifical detached for use Dept. of Hea		20a. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I or Part II of Item 1	8.)
2 e e e e	MEDICAL	Hour a.m. While N	OCCURRED 20e. PLAC factors at work	E OF INJURY (Home, farm, 20 y, street, office bldg., etc.)	Of. (City or town) (Ci	ounty) (State)
		21. I certify that (I) (this hospital) attended the saw the deceased alive/on July		death occurred at 12 N	to July 2 , 196 , from the causes and on	that the two less
TO HOSPITAL OR ATTEN Page 4 may be retain TO FUNERAL DIRECTOR: director, page 3 should should be filed with th		22a. SIGNATURE	M.D.	ATTENDING MED.	STAFF -	DATE SIGNED
TO HOSPITAL (Page 4 may in formation of filector, page should be file	_	22c. PHYSICIAN'S NAME (Type) E. J. Alessi		22d. ADDRESS 6217	7 Harford Rd	•
Pag Pag Shods	238	Burial 7/6/66. P	arkwood (e)	or CREMATORY 23d. metery 125a. REC'D BY 6	Baltimore,	Md.
VR A15 (4) 20M 1/65	1/	conard J. Kuck Inc. Balt	o. Md. 212		5 1956 PCLIC	riles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09396 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH OUNTY Baltimore o SiMaryland b. COUNTY deoth. Baltimore MARYLAND delay ond 3 t CITY OR TOWN (if outside corporate fimits, write RURA, and give nearest town) b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN b PM3 Departme write RURAL and give nearest town)
ESSEX (21) ofter Essex (21) d NAME OF HOSP TAL OR INSTITUTION (finot in hospital give street address) d STREET ADDRESS e IS RESIDENCE hours ON A FARM? Item 18. Give Pages 1, Office along with form Eastern Ave. & Back River Neck Rd. 400 Oriole Ave. ate YES NOSC Tours ofter death. 3 NAME OF First Midd e DATE Month Yeor Lost Doy Š within 72 DECEASED OF the GEORGE WILLIAM BAUER July 10. (Type or pnnt) DEATH with S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 8. DATE OF BRTH AGE (n years IF LNDER 1 YEAR last birthdoy) Months Days Hours and 2 Male White WIDOWED D VORCED June 11, 1948 10o USUA, OCCUPAT ON (Give kind of work done 11 BiRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b K ND OF BUSINESS OR during most of working life, even if retired)
Attendant COLNTRY? INDUSTRY Service Station Chief Medicol Examiners Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within penci George Bauer Dorothy Dorbert pup .⊆ 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) or removal. pending, 212 46 8939 No William McGainey Same 18. CAUSE OF DEATH (Enter only one couse per-line for (a), (b) find INTERVAL BETWEEN burrol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o This certificate shauld writing the word cremotion, DUE TO Conditions, if ony, which gave forwarded to rise to immediate couse (o). DUE TO stating the underlying couse o 20 buriol, 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERT, FICAT the certificote. 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) designoted ogent, prior pleods CAUSE OF DEATH. TIME OF NJURY Month, Day / Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City_or town) (Stote Your Not While FUNERAL DIRECTOR: Poge 4. I certify that I taak charge of the remains described above, he'd an Autopsy Inspection ____ jo Inquiry and in my opinion death resulted from. Accident 4 Natural causes Suicide Undetermined monner the funerol director Hamicide I may be retoined CHIEF MEDICAL EXAMINER ACTUAL 5 may be reto
TO FUNERAL DII
Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** C. Patterson, M.D. 105 Main St. Ad Duridelle 22 of Mely Theo. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION BUREMOVAL (Specify) 7/12/66 Mt. Carmel Cemetery Baltimore, Maryland 2So REC D BY REGISTRAR 25b. REG STRAR S SIGNATURI VR A15ME (5) Bruzdzinski Funeral Home 1407 Eastern Ave. DATE . 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) n COUNTY n STATE b COUNTY t d abbd Balto. Balto. MARYLAND and 3 b CTY OR TOWN IIf outside corporate mits CLENGTH OF STAY IN 16 € C TY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Randalls town D. O. A. Glenarm -2 d NAME OF HOSP TAL OR ASSISTUTION (if not in hospital give street address) d STREET ADDRESS e IS RES DENCE pending" in pencil in Item 18. Give Pages 1, ef Medical Examiner's Office along with farm hours ON A FARM? Balto, Co. Gen. Hosp. Wallace Drive ate NO 🖃 24 haurs after death 3 NAME OF Middle 4 DATE Month Doy Year 22 DECEASED OF Charles Bel1 July 23 Herbert 66 19 c DEATH (Type or print) WIED with SEX 6 COLOR OR RACE 8 DATE OF BIRTH F UNDER 1 YEAR F UNDER 24 HRS 7 MARR FD NEVER MARRIED AGE (In veors birthday) Months Hours Feb. 2, 1929 White Male W DOWED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 10o LSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if ret red) Hess Homes Baltimore. Md. Q P V 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Arthur Lee Bell Frances Stauffer pup IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) perm't ar remaval 212-26-2955 Mrs. Mary E. Bell, Wallace Dr., Glenarm, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN SOUT AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (o) This certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gove ase to immediate couse (a). farwarded to DHE TO stoting the underlying couse SD PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? the certificate, YES 🔲 NO X agent, priar ta 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of term IB) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. none 20c TME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Horne farm (City or town) (County) (Stote) Not While foctory, street, office bldg , etc.) may be retained for yaur FUNERAL DIRECTOR: Page none of work of work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry 🔯 , and in my opinion d-rector. deoth resulted from. Noturol couses X . Accident Suicide [] Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 5 may be reto TO FUNERAL DI: Health ar its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER Address Street, City, 1847, William, Md. **EXAMINER'S** D. D. Caples, M. D. 7-25-66 6 Hanover Rd NAME (Type) 23o BUR AL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Security) 7-27-1966 Baltimore Cemetery Baltimore 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI VR ATSME Lassahn Funeral Home, 7401 Belair Rd., Balto. 36 Miarley 1966



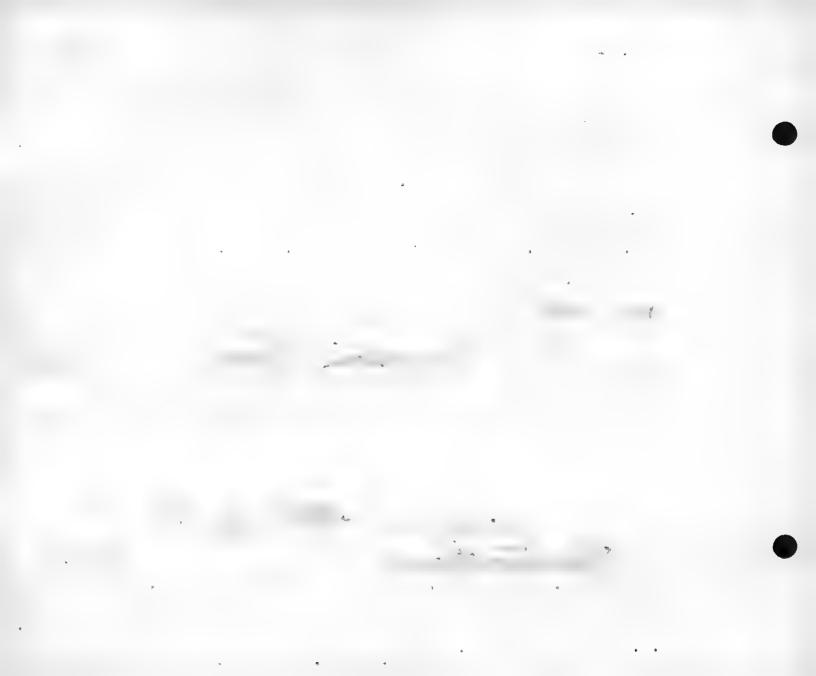
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Land 2 Pogath. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY in and completely filled in by the facemove carbon papers. Pages 1- in any event, within 72 hours after hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SOr d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES | NO V executed within 3. NAME OF DECEASED (Type or print) Middle 4. DATE Month Year OF DEATH 6. COLOR OR RACE 5. SEX AGE (in years | IF UNDER 1 YEAR) F UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours WIDOWED DIVORCED [attending physician a ermit. Then please re on or removal, and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? ~ LRE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no pr unkown) (If yes give war or dates of service) requires that the death burial-transit perm burial, cremation, 18. CAUSE OF DEATH [Enter only one cause per ling for (a), INTERVAL BETWEEN has been signed by te as the burial-transit prior to burial, crema by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) for use a WAS AUTOPSY PERFORMED? this certificate NO 20a. ACCIDENT WAS UNVERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE NOW INJURY OCCURRED. Anter nature of Injury in Part | or Part | of Item 18.) detached f te Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State factory, street, office bidg., etc.) Hour a.m. director, page 3 should be d should be filed with the State White Not While at work p.m. at work retained 21. I certify that (I) (this hospital) attended the deceased from 19 C C to (e. and that death occurred at/2 2M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED þ Page 4 may t DIRECTOR [M.D. PHYSICIAN'S ADDRESS 22d. NAME (Type) IRANI, FURADADOON A. BALTO, MEDICAL CENTER 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOGATION (City, town or county) (State) REMOVAL (Specify) Burial Woodlawn. Woodlawn Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Sons Co. 4905 York Road, Balto. VR A15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	69399 MEDICAL EXAMINER'S CERTIFICATE OF DEATH #9397
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. COUNTY BALTIMORE MARYLAND 6. STATE MARY COUNTY Bulling
tessary, funeral may be artment death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sulling to runner of the runner
	Polition re- rural Bylan Bullion re rural Pont villy. 1
Tee of	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital rive street address) d. STREET ADDRESS e. IS RESIDENCE
3 to Page Page Urrs a urrs a	3004 Jun Are 34 3004 Hers Are 34 YES NOR
ab . \w\	3. NAME OF FIRST IN Middle Rest 4. DATE Month Day Year DECEASED TO DECEASE DECEASED TO DECEASE DECEASED TO DECEASE
any 22 in 122	(type of himt) 729 055
Person 1	Male white WIDOWED DIVORCED 127eb 10 Jest Birthday) Months Days Hours Min.
EXAMINER. This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form less. R. Flage 3 IIIon be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ours affern 18. Gille along pages 1 in any	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
14 hour litem of the parties and in and in	PAOLO DENEDEVIA FRANCESCA PICCHINNII
in It off	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unitown) (If yes give war or dates of service)
within 2 pencil in miner's C permit.	HO MARY DevedilA JAME
ted will have samin sit be or rer	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A there section cardin Vascular Description IMMEDIATE CAUSE (a)
id be executed "pending" in Medical Examily in burial-transit cremation, or	DUE TO
Se en	Conditions, if any, which gave rise to immediate (b)
a bu	cause (a), stating the DUE TO
the should be Chief as a purial,	underlying cause lest. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
the the treed to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
certification of ded to ded to prior to	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
writing and	
its: This sate, wr forward forward a sent, it	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour e.m.
The be	
EXAMI the certiles should less.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔄, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
its is	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
≥ × . T ≅ ∈	EXAMINER'S John C. Hy te . DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
D DEPUTY please ex director. retained i FUNERAL of Health	238. QUATION, CREMATION 23%. DATE THEREOF 22% MANE OF CEMETERY OR CREMATORY 23d. ACCATION, (City, town or county) (S) ate)
OF STATE OF	Distinction Island Doland Dalley Ballo Co MI
VR AISME (5)	24. FUNERAL DIRECTORY REGISTRARY 25b. REGISTRA
5M 1/65	LAS. 1. WARL TON OUT MARTINE DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) fantician and campletely filled in by the funeral fremtilease remove carbon papers. Pages I and o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND Bal timore requires that the death certificate be executed within 24 haurs after 6 CITY OR TOWN (If outside corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Baltimore 12 Baltimore ve carbon papers. event, within 72 ho e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 801 Tred Avon Road 801 Tred Avon Road YES NO DE 3 NAME OF Midd e 4. DATE Month First Lost Day Year DECEASED George July 66 Beneze 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Hours 5-7-1906 and in any DIVORCED WIDOWED 100 LSUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even fret red) Dist. Sales Mgr. Coca-Cola Bottl COUNTRY? Md. (Balto.) IISA 14 MOTHER'S MAIDEN NAME 3 FATHER'S NAM George N. Beneze Elizabeth Vogt IS WAS DECEASED EVER IN US ARMED FORCES?
(Yes no or unknown) (If yes a virtual or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 212-07-3081 Mary Jane M. Beneze Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter an y one cause per line for (a), (b) and (c).) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Heafth p NO -YES 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 8 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg. etc.) Not While shauld be 1906, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 166, and that death occurred at 25 0 M, from causes and on the date stated above saw the deceased alive on Source 22a SIGNATURE STAFF PHYS. MED. DIRECTOR director, page 3 should be filed M.D. ADDRESS 431 22d Lauriston L. Keown E. Lake Ave. NAME (Type) Dr. 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 7-11-66 Loudon Park Baltimore Md. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR H.W.Jenkins 2So REC'D BY REGISTRAR Sons Co. Carlas Lugar 20 M 1/66

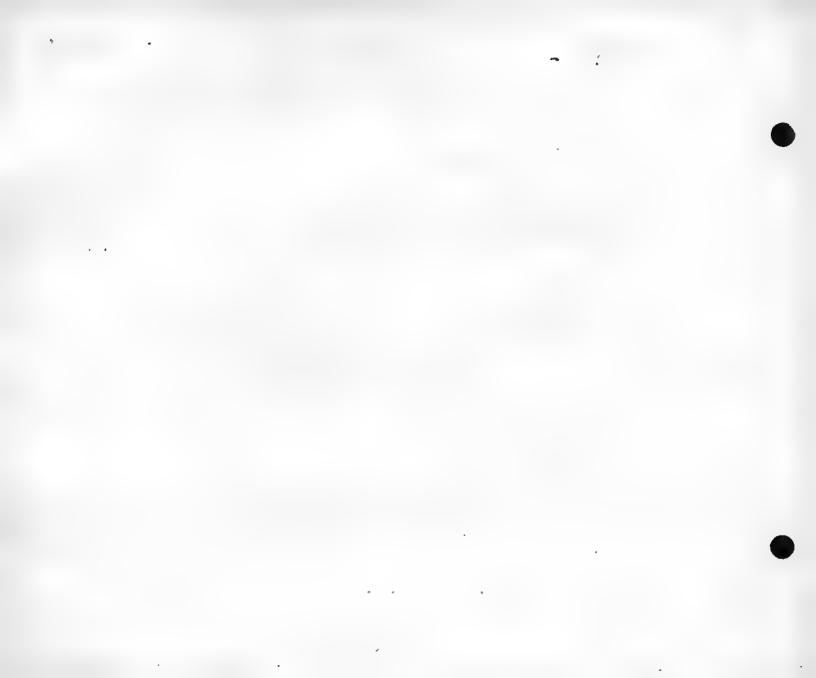


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 #84 ¥	COAN: CERTIFICATE OF DEATH 19399
24 hours after death. filled in by the funeral appers. Pages 1, and 2 appers, Pages 1, and 2.	1. PLACE OF OCATH a. COUNTY Bultimose MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission by COUNTY a. STATE MARYLAND
ours after in by the Pages puts after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hou filled in papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
etely filled bon paper, within 72	Greater Baltimore Medical Center 1142 Quantrill Way YES NO[3. NAME DF First Middle Last 14. DATE Month Day Year
completely we carbon I event, with	(Type or print) Baby boy Bennett DEATH July 5 1966
and cor emove any eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR IIF UNDER 24 HR WIDOWED DIVORCED J.) - 5, 1966 9. AGE (in years FUNDER 1 YEAR IIF UNDER 24 HR Months Days Hours Min
physician and c n please remov val, and in any e	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, er foreign country) 11. BIRTHPLACE (County & State, er foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
g physical plants	13. FATHER'S NAME (HEGTER H. Bennett JR. Devlah May Anderson
attending phy schilt. Then p n, br-removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) CHART
Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pahould be filed with the State Dept. of Health prior to burial, cremation, br-removal, and in any event, within	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LES PIRATORY DISTRESS SYNDROME DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last, (b) WITH ATELECTASIS DUE TO ONLY ONLY
te noprial of attentities certificate has ctached for use as Dept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REAFORMED? YES NO 202. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
After this d be detack State Dep	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 4
S should I with the S	21. I certify that (i) (this hospital) attended the deceased from 1965, 1965, to 1965, that (i) (we) last saw the deceased alive on 1966, and that death occurred at 1969, M, from the causes and on the date stated above 22a. SIGNAPURE)
rage + may be retained for the control of the contr	22c. PHYSICIAN'S NAME GYPE) 22c. PHYSICIAN'S NAME GYPE) 22d. ADDRESS NAME GYPE) 22d. ADDRESS NAME GYPE) 22d. ADDRESS NAME GYPE) 22d. ADDRESS NAME GYPE)
Page 4 mg O FUNERAL director, p should be	NAME TYPE ERIE P. SMITH GREATER BALTO MED COTTR. 23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, fown or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) 7/7/64 G.B. M.C. Towson 4 MD. ADDRESS 1250. REC'D BY REGISTRAR' 250. REGISTRAR'S SIGNATURE
R AI5 (4)	John E. Holaum GBMC DATE JUL 12 1956 Wester Judge

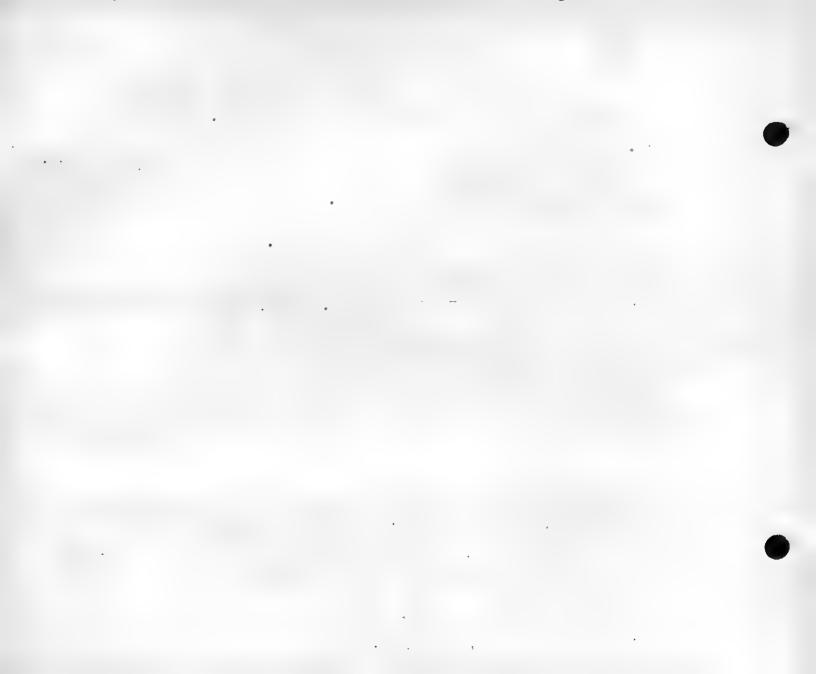
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, one PM3. Poge p. STATE **b** COUNTY deoth. MARYLAND b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY N 16 CITY OR TOWN (If outside corporate mits, write RURAL and a ve nearest town) write RURAL and give nearest town after NAME OF HOSPITAL OF INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office olong with form hours Flordia NO X 3 NAME OF Middle within 72 DECEASED OF 1966 homas DEATH F UNDER I YEAR 6. COLOR OR RACE 7 MARR ED NEVER MARRIED DATE OF BIRTH AGE (In years last buthday) Months DIVORCED event W DOWED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY' ORTH DAKOTA Exominer 13 FATHER & NAME This certificate should be executed within 14 MOTHER'S MA DEN NAME pup 0 IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes no_pr µnknown) (fiyes give wor or dotes of service or removol. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying cause used as burial, a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN N PART 1(0) 19 WAS AUTOPS! PERFORMED? prior to 20o EXTERNAL CAUSE WAS INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18) PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH CALION DO VOSS ogent, 20c T ME OF INJURY Month, Doy, Year PLACE OF NJURY (Home form (City of Hown) Hour o.m. Not White factory street, affice bldg., etc.) O FUNERAL DIRECTOR: Page of work or its designated 21 I certify that I took charge of the remains described above, held an Autopsy and in my opinian Inspection Inquiry deoth resulted from Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** r'. U'Donnell may Heolth Charles NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City or Town) (Stote) (County) BISMARCH NoneTH 256 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE; MARYLAND 21201 CERTIFICATE OF DEATH 09403 24 hours ofter death, completely filled in by the funeral nove carbon popers Poges 1 and 3 iy event, within 72 nours after death 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH · STATE MARYLAND o. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) BALTIMORE 61 DAYS HOWARD d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1720 ABBOTTSTON STREET VETERANS ADMINISTRATION HOSPITAL YES NO F requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Manth Last Day Year DECEASED OF JUIY 19 66 JOSEPH **EORN HORN** HEARY (Type or print) DEATH 5 SEX DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Manths Days DIVORCED TO MARCH 25. and in any WIDOWED MALE gue 12 CIT-ZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) U.S.A. the attending programmer sit permit. Then please during most of working life even if retired) INDUSTRY BALTIMORE. LARYLAND PATINTER 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME cremation, or removal ELIZABETH EROENING AUGUST BORNHORN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPANIAT. (Yes, no, or unknown) (if yes give war ar dates of service) CLINICAL RECORDS FORT HOUARD. LARYLAND YES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ol-transit PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION signed by i IMMEDIATE CAUSE (o) DUE TO buriol, o ARTERIOSCLEROTIC HEART DISEASE YEARS Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause os the has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) be detoched for use State Dept. of Health DIABETES MELLETUS NŌ YES O FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I at Part II of item 18) 20a ACCIDENT WAS LINDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (State) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m factory, street, office bldg., etc.) Not While at wark at work 12., 19.66, that XIX (we) last 21. I certify that XIX (this haspital) attended the deceased from MAY 9. 19 66 to JULY JULY 12., 19 66, and that death accurred at 320AM, from causes and an the date stated above. sow the deceased alive an 22b. DATE SIGNED 7/12/66 22a SIGNATUR MED DIRECTOR M.D PHYS director, page : should be filed 22d ADDRESS 22c PHYSICIAN NAME (Type) ROBERT M. ERDMAN. M. D. VAH FORT HOWARD, MARYLAND 23c NAME OF CEMFTERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURIAL BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL-DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL 20 M 1/66



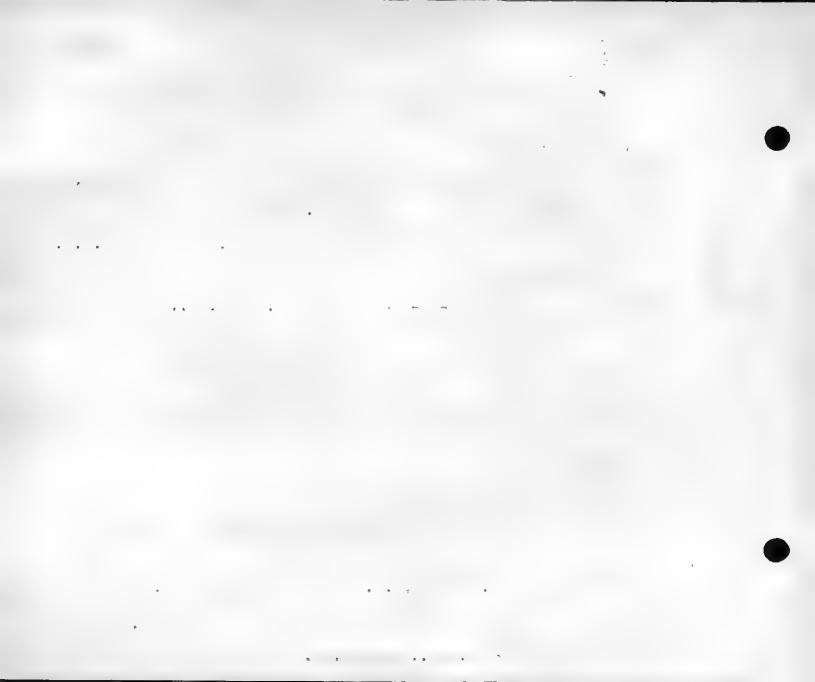
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE death. funera and death PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore a. STATE hours after Baltimore MARYLAND Maryland Dall Cliffor Cours of Colly Or Town (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) .5 12days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled Bernouda Road NO TE St. Joseph Hospital YES executed within carbon NAME DE Middle DATE DECEASED July event, 1 ă (Type or print) DEATH Milner Bortner 5. SEX 6. COLDR DR RACE 7. MARRIED CNEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days May 28, WIDOWED DIVORCED 1884 82 White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Nysician please during most of working life, even if retired) Medicine Loganville U.S.A. Penna LOGA.
MOTHER'S MAIDEN NAME removal, death certifical Charles Amelia Milner Franklin Bortner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. Address ed by the attend transit permit. cremation, or r (Yes, no, or unkown) (Hyes give war or dates of service)
Yes WW 1 2. Charlotte Bortner White Hal 217-48-4703 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the I-transit DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic CA, Lungs signed burial-t 11001 DUE TO Conditions, If any, which (b) been gave rise to Immediate the b DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 5 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. o MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. While Not While ATTENDING p.m. at work at work DIRECTOR: As age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from July 5. 156 to July 17, 1966, that (I) (we) last 19 66, and that death occurred at 12:20, from the causes and on the date stated above. saw the deceased alive oh ... July 17 22b. DATE SIGNED 22a. SIGNATURE director, page should be filed 7-17-66 DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S ADDRESS TO FUNERAL director, p NAME (Type) Nelson Villamor 7620 York Rd 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7/20/66 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Mary and Buria. James Honkton 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 256. Wm. Cook-Brooks Towson Towson, Md.21204 VR A15 (4) 20 M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remove carbon papers. Pages 1 and 5 remove carbon 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF OEATH o COUNTY a. STATE Baltimore Maryland MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY N 16 c. CITY OR TOWN (If autside corparate fimits, write RURAL and give nearest town) 36 Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Veterans Administration Hospital 2016 Westwood Avenue YES NO X 4. DATE 3 NAME OF Middle Month Year First Day DECEASED GRAHAM NMI BOYD JULY 8 DEATH 19 (Type or print) 8 DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS S. SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIEO **NEVER MARRIED** birthday) Hours Male Colored 3/20/93 W DOWED I **OIVORCED** IDb. KINO OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired)
Gardener U.S.A. INDUSTRY Gardening Woodsworth, N.C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown George Boyd or rerr 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates at service Clin. Records, VAH, Fort Howard, Maryland Yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY: PNEUMONIA, ORGANISM UNDETERMINED DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse as the priar tal has been fast. 19. WAS AUTOPSY PERFORMEO? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION THROMBOSIS OF BASILAR ARTERY NO X TO FUNERAL DIRECTOR: After this certificate į 20b, OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 2Do ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (County) factory, street, affice bldg., etc.) . 19 66, to July 8 2). I certify that (1) (this haspitol) attended the deceased fram June . 1956 , that (1) (we) last be retained sow the deceased alive an July 19.66, and that death occurred at 7:10PMrom causes and on the date stated above 22b. DATE SIGNEO 22a. SIGNATURE STAFF PHYS. 7/11/66 unar M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND director, shauld be 23c MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b OATE THEREOF (County) (State) 230 BURIAL CREMATION University of haryland Baltimore, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE AODRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wilson Funeral Home Orleans St. Baltimore.



10	1/p/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	7 =0-1	COLOG CERTIFICATE OF DEATH 09404
No.	funeral and 2 death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY
	after do	Baltimore Maryland Baltimore
	rs aft by th Pages urs af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	hours 1 in by S. Pa	Dundalk livears Dundalk
	24 hour filled in papers. F in 72 hou	ON A FARM?
	nin sely f	
	s be executed within 24 hours sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours	3. NAME DF First Middle Last 4. DATE Month Day Year DF DECEASED (Type or print) GENEVIEVE MARGARET BOYLE DEATH July 12th. 19 66
	comice c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 Hrs. 13st birthday) Months Days Hours Min.
	xecu and any	Temale White WIDOWED DIVORCED Jan.3,1911 55 yrs.
	ian se m	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ficate be e physician en please r oval, and in	Chef Public Schools Baltimore, Maryland U.S.A.
	ifica g ph len l	
	certifica naing pt Then remova	Charles Poetzel Catherine Bocklage 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	aw requires that the death certificate be trending physician. The speed by the attending physician as the burial-transit permits Then please prior to burial, cremation, or removal, and i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 212-05-0019 Thomas J. Boyle, Sr., same as #2
	ation a	18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	t the	PART I. DEATH WAS CAUSED BY: Oar Cenomalosis, generalexed UNSET AND DEATH
	law requires that tattending physician, has been signed be a street burial-tranh prior to burial, cre	170X DUE TO 0-10 1 0 +1 D1
	r phy r si pur bur	gave rise to immediate (b) (Archicoma of the Breast
	aw requin ttending p has been as the bu prior to b	cause (a), stating the DUE TO
	law atter has a as a pri	
	The lor all cate lar use ealth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO
	AN: pital pital d fo of H	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	PHYSICIAL the hospi this cert detached e Dept. of	
	OR ATTENDING PHYSICIAN: The law per trained by the hospital or attending DIRECTOR: After this certificate has ge 3 should be detached for use as led with the State Dept. of Health price	State County Co
	Affer Stal	
	retained retained CTOR: A should with the	21. I certify that (i) (this hospital) attended the deceased from Telo. 23, 1966, to Turing 12 1966, that (i) (we) last saw the deceased alive on July 12 1966, and that death occurred at 10PM, from the causes and on the date stated above.
	With With	22a. SIGNATORE 22b. DATE SIGNED
	AL OR DAY be nay be page 3 page 3	Down X agan M.D. ATTENDING MED. STAFF 7/14/66
	PITA 1 ma 1 ma	PHYSICIAN'S NAME (Type) Benigno R. Lazaro, M.D. 59 Dundalk Avenue, Dundalk 21222
•	TO HOSPITAL Page 4 may TO FUNERAL I director, pag	
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify)
	X	24. FUNERAL BY ECCOR SIGNATURE 250. REGISTRAR'S SIGNATURE
	VR A15 (4)	Walter Brooks Bradley, Inc. Dundalk, Md. DATE JUL 18 1966 finances Judge
	20	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Bages 1 and 2 haurs after deal requires that the death-certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH p. COUNTY n. STATE b. COUNTY Baltimore MARYLAND Maryland Baltimore b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside comprate limits, write RURAL and give nearest town) write RURAL and give nearest fown) Timonium Towson IS RESIDENCE ON A FARM? the attending physician and campletely filled in sit permit. Then please romans and d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS and in any event, within 72 YES NO 😓 Towson Nursing Home Longridge Court 3 NAME OF 4 DATE Doy Year DECEASED July 19 66 Bradenbaugh DEATH (Type or print) AGE (In years IF UNDER 24 HRS S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIFD NEVER MARRIED 80 yrs Months Dovs Hours WIDOWED X DIVORCED 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) **NDUSTRY** Own Home Maryland Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. Hannah Webb William F. Henderson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 36 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Wilfred S. Bradenbaugh (Same) No cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) burial-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO 4500 Conditions, if ony, which gove nse to immediate couse (a), DUE TO stating the underlying couse as the priar to Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use (Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [detached f te Dept. af i OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work , 1960 , to 1114 7, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 1966, and that death accurred at 2:45 PM from gases and on the date stated above. saw the deceased alive an 220 SIGNATURE STAFF PHYS. ATTENDING MERCLER M.D. PHYS DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN Dr. Laurence C. Post 6805 York Road NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial (Specify) Black Horse, Harford 7/30/1966 McKendree ADDRESS 5 York 6 1 to 1 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & Sons Co. 490 .W.Jenkins 1966 Williamler



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) . COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Perkville Parkville 21234 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO V 3004 Woodside Woodside Avenue Avenue 3. NAME OF Yaar Middle DECEASED (Type or print) DEATH Anna Margaret Brettholl 19 July 20 9. AGE (In years | IF UNDER ! YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8 DATE OF BIRTH and Garb last birthday) Months Неиги WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housewife Home Beltimore 13. FATHER'S NAME Charles Greb Katherine Hoeffler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes giva war or dates of service) :Mrs Katherine Allen 3004 Woodside None 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Council Infarctions IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 461 gave rise to immediate cause DUE TO (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neiture of injury in Part I or Part It of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 201 (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) While Not While Hour e.m at work ___at work 21. I certify that (I) (this hospital) attended the deceased from June 70 cone 1.9, 19.66, that (I) (we) last M, from 1.1.7... 1966, and that death occurred at the causes and on the date stated above. saw the deceased alive on .. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Conway Loch Raven Blvd. 23d, LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 1 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) の意名 Baltimore Maryland Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURI VR AIS SANDER & SONS 15M 7-62

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09403 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death by the ottending physicion and completely filled in by the funeral transit permit. Then please remove corbon papers. Pages 1 and cremotion, or removal, and in any event, within 72 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o. STATE Baltimore b COUNTY Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 13 dvs Hyattsville, Md. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? GROVE STATE HOSPITAL 5507 Monroe Street SPRING YES NO 3 NAME OF First Middle 4 DATE Month Dov Year DECEASED F. Brady 8 George July 66 DEATH 19 (Type or print) S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours Feb. 26, 1896 white male WIDOWED K DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of work natile, even if retired) COUNTRY? C Transit Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Sarah John O Brady 17. INFORMANT WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service 578 10 8065 Records: SPRING GROVE STATE cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN signad by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital or attending physician DUE TO Arteriosclerotic cardiovascular disease-Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the this certificate has been fost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS VEN IN PART I(g) for use CERTIFICATION director, page 3 should be detoched for use should be filed with the Stote Dept. of Health YES X NO ne na de na de de de la constante de la consta 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) After 1 of work 19 66 that (I) POS) last 21 I certify that (this haspital) attended the deceased from_ June 25 July 8 saw the deceased alive an July 8 19 66, and that death accurred at O FUNERAL DIRECTOR: M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 7-8-66 80 M.D. DIRECTOR PHYS 22d ADDRESS SPRING GROVE STATE 22c. PHYSICIAN'S HOSSET IVAL Wachsler. M. D. NAME (Type) Baltimore, Maryland 21228 23a BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) July 12. Epiphany Church Cemetery Forestville, Md. 1966 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Hyattsville, Md. Gasch's Sons 1986 Charles



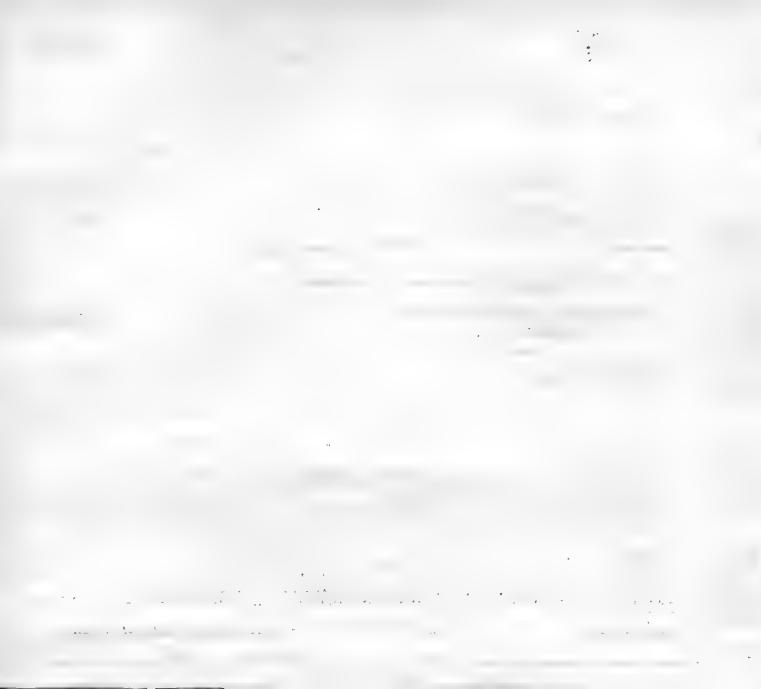
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 007.1 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after hours after Baltimore the Maryland by the Pages MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Baltimore 21206 .≘ Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 St. Joseph Hospital 4313 Arizona Ave. NO. YFS within executed within completely carbon NAME OF Middle Last DATE Month Year Day DECEASED OF DEATH Lola May Brendel 66 (Type or print) July 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED геточе last birthday) Months | Days and any White May 5, 1900 Female WIDOWED X DIVORCED [attending physician a ermit. Then please re m, or removal, and in a ≤ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA during most of working life, even if retired) INDUSTRY COUNTRY? Maryland dereficate 1 Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Eakers Louise/? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address son (Yes, no, or unkown) (If yes give war or dates of service) The law requires that the death 215-21-5016 Robert A. Brendel, 970 Radcliffe Rd. cremation, the been signed by the the burial-transit p or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolization, left. D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUF TO cause (a), stating the as th underlying cause last. certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? YES TE NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) t. of t After this ce d be detached State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. While at work p.m. ø 21. I certify that (I) (this hospital) attended the deceased from July 9. 1906 to July 9, 19 66, that (1) (we) last DIRECTOR: and that death occurred at 9:30M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR July 9. 1966 TO FUNERAL director, pa should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) D.R. Govinda Rao. M.D. York Rd. Baltimore, Ind. 21204 BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) Moreland Memorial Burial Cemeterv 24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Brehms Lane #1 1/65



	DIVISIO	N OF STATISTIC	LAL RESE	LAND STAT	CORDS.	'AKIMENI (. 301 W. PRESI	TON STR	EET. B	ALTIMO	RE 1. MA	RYLAN	n
	09411					OF DEAT				(1)	941	IJ
2	I. PLACE OF DEAT	гн		101 10 41 41		2. USUAL RESIDI	NCE (Whe	e deceased	lived, If ins		idence befor	e admission)
		Baltimore		MARY	YLAND	Ma	ryland	1				4
	b. CITY OR TOV write RURAL	VN (if outside corpora L and give nearest tow	te limits, (n)	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside	corporate	e limits, wr	Ite RURAL er	nd give ne	arest town)
		Towson					Ltimo	re				
		SPITAL OR INSTITUTIO			oddress)	d. STREET ADDRE					e. IS ON	RESIDENCE A FARM?
' ₌		St. Joseph		ıl		4912 Wi				<u> </u>	YES [NO
1	NAME OF DECEASED		rst	Middle	_	Last	4. D	ATE F EATH	Month	h	Day	Year
-	(Type or print) 5. SEX	C Virgi	nia			erhaus	D		July	IFUNDER 1		19 66
	_	6. COLOR OR RACE					0	last	birthday)	Months D	ays Ho	
1	Female Da. USUAL OCCUPA	White TION (Give kind of work	WIDOWED			6-26-191			yrs.) i 12. CITI	IZEN OF W	HAT
0	luring most of work	king life, even if retire	d) HONG	IND OF BUSINESS OF				The Course	c.g.r cograd J.	COU	IZEN OF W	Λ
	Homemake 13. FATHER'S NAM		Tious	OCALTT C	-	Baltim 14. MOTHER'S M.	OTO				1 * 12	o A.o.
1	1	Thomas B.	Neuwil	7 er			_		heatle	377		
1	15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	0. 17.	INFORMANT	00	73. Ct. (1)	Addres	81		
	(Yes, no, or unkown)	(If yes give war or dates o	if service)		Mr	Charles	Buerh	ans la	012 774	יינור'	venue	್ಷ ಚಿದ್ದ
-		OEATH (Enter only on			c).]				/ 1. C. V.1		INTERVAL	BETWEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	a Gener	calized ca	rcino	matosis					UNSET A	ND DEATH
	111-	DUE DUE										
	Cenditions, If	any, which		inoma of	the	breast						
	gave rise to cause (a), s	Politics and Politics	то									
,	underlying cau	se last.	(c)									
O E	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT	NOT RELAT	TED TO THE TEDMINA	L DISFASE	CONDITIO	NGIVEN IN	PART 1(a)	19. WAS	AUTOPSY
1.3						IED TO THE TERMIN						FORMED?
15		III. III.		PAAN DE TIME	lave a sacr			a_ pa_ h a		6.44	YES _	FORMED?
NOTE A COLUMN TO THE PARTY OF T		WAS UNDERLYING TING CAUSE OF DEA		ESCRIBE HOW INJU	JRY OCCU			In Part I o			YES _	FORMED?
		INJURY Month, Day,	Year 20d. II	JURY OCCURRED	20e, PLAC	RRED. (Enter nature	of injury	In Part I o	or Pert II o	f (tem 18.)	YES _	FORMED?
SILLIAND INCIDENTIA		INJURY Month, Day,		JURY OCCURRED	20e, PLAC	RRED. (Enter nature	of injury		or Pert II o		YES _	FORMED?
	20c. TIME OF Hour a. p.	INJURY Month, Day, m. 19 fy that (I) (this hos	Year 20d. II While at work pital) attende	NJURY OCCURRED Not White at work	20e. PLAC factor	RRED. (Enter nature E OF INJURY (Home y, street, office bidg	of injury , farm, 20 ., etc.)	of. (city)	or Pert II o	(count	yes ty)	(State)
	20c. TIME OF Hour a. p. 21. I certi	INJURY Month, Day, m. 19 fy that (I) (this hosp eceased alive on	Year 20d. II While at work pital) attende	NJURY OCCURRED Not White at work	20e. PLAC factor	RRED. (Enter nature E OF INJURY (Home y, street, office bidg	of injury , farm, 20 ., etc.)	of. (city)	or Pert II o	(count , 19_66 and on the	ty) 6, that (I e date sta	(State)
	20c. TIME OF Hour a. p.	INJURY Month, Day, m. 19 fy that (I) (this hosp eceased alive on	Year 20d. II While at work pital) attende	NJURY OCCURRED Not White at work	20e. PLAC factor from and that	CE OF INJURY (Home y, street, office bldg death occurred a	of injury farm, 20 19 66,	to In	or Pert II o or town) 1 y 31, 1e Gauses	, 19 66 and on the	ty) 6, that (I e date stare signed)	(State) (we) last ted above.
	20c. TIME OF Hour a. p. 21. I certi saw the de 22a. SIGNATU	injury Month, Day, m. 19 fy that (I) (this host ceased alive on series	Year 20d. II While at work pital) attende	NJURY OCCURRED Not White at work	20e. PLAC factor	RRED. (Enter nature E OF INJURY (Home y, street, office bidg fully 6, death occurred a	of injury , farm, 20 ., etc.)	to In	or Pert II o	, 19 66 and on the	ty) 6, that (I e date sta	(State) (we) last ted above.
	20c. TIME OF Hour a. p. 21. I certi	injury Month, Day, m. 19 fy that (I) (this hospeceased alive on a second alive on a	Year 20d. II While at work Dital) attende N. T. C.	NURY OCCURRED Not White at work the deceased for the dece	20e. PLAC factor from and that M.D.	RRED. (Enter nature of the property of the pro	farm, 20 19 66,	to Ju, from the	or town) Ty 31, Te Causes TAFF HYS.	Count 19_66 and on the 22b. DAT July	ty) 6, that (I e date stare signed)	(State) (we) last ted above.
	20c. TIME OF Hour a. p. 21. I certi saw the de 22a. SIGNATU 22c. PHYSICI NAME (T	fy that (I) (this hospiceased alive on street and styles on street and styles on style	Year 20d. II While at work Dital) attende N. T. C.	NJURY OCCURRED Not White at work	20e. PLAC factor from and that M.D.	CE OF INJURY (Home y, street, office bldg death occurred a ATTENDING PHYS. 22d. ADDRESS 7620	of injury farm, 20 19 66, 19:50 MED. DIRECTO	to Juin, from the Road	or Pert II of or town) 1 y 31, the Gauses TAFF HYS. X	Count 19_66 and on the 22b. DAT July	YES (ty) 6, that (lee date stare signed) 31,	(State) (we) last ted above.
	20c. TIME OF Hour a. p. 21. I certi saw the de 22a. SIGNATU 22c. PHYSIC! NAME (T	injury Month, Day, m. 19 fy that (I) (this hosp ceased alive on series (ype) Nelsor MATION, 23b. DATE	Year 20d. If while at work pital) attended buly 31.	old the deceased of the decease of the de	20e. PLAC factor from and that M.D.	ce OF INJURY (Home y, street, office bidg death occurred a ATTENDING PHYS. 22d. ADDRESS 7620	of injury , farm, 24 , etc.) 19 66, 19 50, MED. DIRECTO York	to Ju; to Ju; f, from the	or town) Ry 31, te causes TAFF HYS. X , 2120 ON (city, to	(Count 19_66 and on the 22b. DAT July 04	ty) 6, that (I de date starre signed 31,	(state) (state) (we) last ted above.
	20c. TIME OF Hour a. p. 21. I certi saw the de 22a. SIGNATU 22c. PHYSICI NAME (1	fy that (I) (this hosp ceased alive on series (ype) MATION, 23b. DATE (secify) 8-3-19	Year 20d. If while at work pital) attended buly 31.	UURY OCCURRED Not While at work d the deceased f 19.66,	20e. PLAC factor from and that M.D.	CE OF INJURY (Home y, street, office bidg death occurred a ATTENDING PHYS. 22d. ADDRESS 7620 OR CREMATORY	of injury , farm, 24 , etc.) 19 66, 19 50, MED. DIRECTO York	to Juin, from the Road	or town) Ry 31, te causes TAFF HYS. X , 2120 ON (city, to	(Count , 19_66 and on the 22b. DAT July	ty) 6, that (I e date stare signed 31,	(state) (state) (we) last ted above.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission a. COUNTY Page director. Page **b.** COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nagrest town) for your Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2617 Yorkway 2617 Yorkway refained State after YES NO Z 3. NAME OF DECEASED any Middla 4. DATE Month Day with the S the (Typa or print) DEATH James W. Burns July 19 66 28. 0 å 5. SEX 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS G last birthday) Months Male WIDOWED DIVORCED June 15, 1918 48 within 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Page done during most of working life, even if refired) PWE Page Brakeman Railroad U.S.A. Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any Richard Burns Esther Hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the word "pmmding" in pmncil in Item 18. (Medical Examiner's Office along with for should be used as a burial-transit permit. F 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no, or unkown] (If yosgivaway or dates of service) and Mrs. Mildred Burns. .2-10-6285 2617 Yorkway executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN removal. ONSET AND DEATH PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** ö Conditions, if eny, which cremation gave rise to immediate cause DUE TO (a), stating the underlying should be used as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION to burial, PERFORMED? NO F 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part 1 or Part II of Item 18.) the certificate, writing the PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Prior Chief C WEDICAL Page 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) While Not While ._ Hour a.m. forwarded to the at work at work p.m. DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy end in my opinion Inspection death resulted from: Natural couses Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER . should be for ASSISTANT MEDICAL EXAMINER DATE SIGNEI DEPUTY MEDICAL EXAMINER ò EXAMINER'S Theodore C. Patterson NAME (Typa) Address (Street, city, town, or county) 105 Main please 4 shoul 10 FUN Health 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Oak Lawn Cemetery Colgate. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Ullrich Funeral Home Dundalk, Md. 1966 VR A15ME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09413 and 2 death. remuires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) filled in by the funeral papers | papers | pages | and o. COUNTY **b** COTINTY BALTIMORE BALTIMORE MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give papers town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) limou e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS ON A FARM? 626 COLERAINE ROAD 626 COLERAINE ROAD NO X campletely fi 3 NAME OF Middle DATE Doy Month Year , ost DECEASED ROBERT ELMER BURROUGHS JULY 19 DEATH 19 66 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) April 19,1876 MALE WHITE WIDOWED DIVORCED burjal, crematian, ar remaval, and in any 12 CITIZEN OF WHAT COUNTRY ? 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working te, even if retired) Shipyard Talbet County. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William H. Eurroughs Georgeanns, Stoker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Celeraine Ed (Yes, no, or unknown) (If yes give wor or dotes of service) 219-10-3448 Burreughs INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DHE TO paubis. Conditions, if ony, which gove use to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year (City or town) (stota) Hour o.m. foctory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at 30 M, from causes and an the date stated above. saw the deceased alive an 22d SGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR directar, page 3 shauld be filed 22d. ADDRESS PHYS CYAN'S NAME (Type) HARRY S. GIMBEL 4600 EDMONDSON AVENUE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Olivet Cemetery 258, REC'D BY REGISTRAR REMOVAL (Specify) July 22,1966 Michaels. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 HOME, ST. MICHAEL'S, MARYLAND DAIL



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deathl 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) o. COUNTY o. STATE ARYLAND b. COUNTY BALTIMORE MARYLAND haurs ofter b CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Fort Howard, DAYS BALTIMORE IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS lease remave carban papers and in any event, within 72 h filled NO X 1420 MADISON AVENUE VETERANS ADMINISTRATION HOSPITAL requires that the death ceffifficate be executed within NAME OF First M dale DATE Month Last Year completely DECEASED OF (NMT BUTTLER 28 19 66 WAYMAN (Type or print) DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Days Hours 18 93 MALE NEGRO DIVORCED WIDOWED 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT TOO JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY? Them please during mast af warking life even if retired) INDUSTRY HOTEL WORKER TAMPA. FLORIDA USA HOTEL 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remayal. HANDY BUTLER MINERVA ADAMS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, ng, grunknawn) (If yes give war or dotes of service YES CLINICAL RECORDS-VAH. FORT HOWARD, MD. signed by the c burial-transit p CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY CEREBRAL THROMBOSIS IMMEDIATE CAUSE (a) DIFF TO burial. CEREBRAL ARTERIOSCLEROSIS UNK Conditions, if ony, which gave (b) nse to immediate cause (a), DUE TO stating the underlying cause as the priar to attending has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) with the State Dept. of Health CARCINOMA OF STOMACH NO be retained by the haspital or 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20r TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Haur a m Nat While 19 of wark at work After 7-28 2). I certify that (this hospital) attended the deceased fram 1906 100 , that XIX (we) last and that death occurred at 11:100Mom causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22b DATE SIGNED 22n, SIGNATURE 28 66 M.D. DIRECTOR PHYS. PHYS. director, page shavid be filed 22d ADDRESS NAME (Type) JOHN D. VAH Fort Howard. Maryland TALBERT NAME OF CEMETERY OR CREMATORY BURIAL CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) (State) RALPIMORE NATIONAL BALITIMORE, MARYLAND ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Orleans St. Balto. Md. 1966



The second secon	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ADVI ANII
	09415 CERTIFICATE OF DEATH	09413
hours after death. d in by the funeral rs. Pages 1, and 2 thours after death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
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by t	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL)	and give nearest town)
hour hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
filled papers, in 72 h	4604 MAPLE AVE 4604 MAPLE RUE.	ON A FARM? YES NO
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houbs retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in ge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 house, with the state Dept.	3. NAME DF DECEASED OF First Middle Last 4. DATE Month OF THE THAT FIRST DEATH 7/4/6	Day Year
ed v comp	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Funder Months) Months	19 1 YEAR IF UNDER 24 HRS.
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Triffic purity to the purity t	PHILLIA LAFFURE FAMILY GROFF	
ires that the death certificate be ophysician. I signed by the attending physician burial-transit permit. Then please burial, cremation, or removals, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((f yes give war or dates of service)	
deati le att perm ion,	MRS. ALBERT BUZZE	INTERVAL BETWEEN
the 1. by th nsit emat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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phy phy n sig buri	conditions, if any, which gave rise to immediate (b)	7.7210
IN: The law require Ital or attending pl tificate has been s for use as the bu f Health prior to bu	cause (a), stating the DUE TO	1+ wals
law after thas se as th pri		19. WAS AUTOPSY PERFORMED?
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ing PHYSICIAM: The d by the hospital or a Affer this certificate to detached for use state Dept. of Health	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18. 30 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
PHYSI the ho this detacl		inty) (State)
Ed by the After Id be done of State	p.m. 19 at work at work	
END!	31100	c, that (I) (we) last
ECTO 3 sh with	saw the deceased alive on 22a. SIGNATURE 22b. D	ATE SIGNED
= = =	M.D. ATTENOING TO MED. STAFF DIRECTOR STAFF DIRECTOR PHYS.	
TO HOSPITAL OR ATTENDING Page 4 may be retained To FUNERAL DIRECTOR: P director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (TYPE) BREPLY J. BE 1-LER 122d. ADDRESS TOWAR CHE APON	le sythen?
Page Page FUN Hould	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con FEMOVAL (Specify)	unty) (State)
E E s	13URIAL 116/66 60600 14516 1014616. 116	S SIGNATURE
VR A15 (4)	PE.S. MACNABB 301 FREDERICK DATE JUL 7 1966 folion	rles Judge
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1	1)		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5	4		OS416 CERTIFICATE OF DEATH B9414
24 hours after death. Tilled in by the funeral apers. Pages of and 2	de ath	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY
s ter	車		Balto. Maryland Md. Heiles.
s af by t	S		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
nour ni in s. F	hou		Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE
24 h	72		ON A FARM?
	量	3.	Shangir-La. Home Catonsville, Md. 5303 W. North Ave. 21207 YES NO KI
executed within and completely remove carbon	īt, w	3.	BECEASED DE LET
ted comj	ever	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS
noa:	эпу		Male White WIDOWED DIVORCED May 26, 1906 60 yrs. Months Days Hours Min.
be el clan a ase re	<u>.</u> =	10a duri	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
te b	and		Clerk Westinghouse Massachusetts U. S. A.
fical first	eval	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e death certi the attending it permit. Th	rem	15	Genereau Cadieux Lena Patneaud WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT D. 14. Address 0.7 0.0 7.
atten att	0	(Ye	, no, or unknown) (If yes give war or dates of service) DBLL TO • MIC • ZIZU /
dea he a	tion	-	No O15-03-7239 Mr. David H. Radford 5303 W, North Ave. 18. CAUSE OF DEATH (Enter only one cause per line for ka), (b), and (c). I INTERVAL BETWEEN
The law requires that the death certificate or attending physician. cate has been signed by the attending physic ruse as the burial-transit permit. Then bise	ema		PART I, DEATH WAS CAUSED BY:
that ician red i-tra	2	П	IMMEDIATE CAUSE (a)
res d ohys sign	uria		Conditions, If any, which (b)
aduji ing j een een	후	Ш	gave rise to immediate cause (a), stating the DUE TO
w re endicendias	rior	_	underlying cause last. (c)
r att	#	CERTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
al or ficat	Hea)	IFIC/	YES NO 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
CIAN Spit	ō	ERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certifi detached fo	Dept	I . I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
9	ate	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
ATTENDING retained by CTOR: After should be	e St	2	21. I certify that (!) (this fospital) attended the deceased from July 1 , 1953, to July 2 , 1966, that (!) (we) last
TEN tain 10R:	# #		saw the deceased alive on the date stated above.
R AT e re RECT 3 s	<u>*</u>		22a. SICNATURE 22b. DATE SICNED
IL OR By be OIRE	Uled Uled		Meudelia M.D. ATTENDING MED. STAFF DI 7 /30 /66
PITA 4 m2 ERAL	e '		22c. PHYSIDAMES NAME (Type OTMO Inde 1/5 22d. ADDRESS AME (Type OTMO Inde 1/5 22d. ADDRESS
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician. FUNEAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit.	should be	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
15 P 15 I P	S. L		Burial Aug. 1. 1966 New Cathedral Cem. Balto. Md.
	0	24.	
VR A15 (4	1183 8 3		G. Truman Schwab 3512 Frederick Ave. Balto, Md. DATE AUG 2 1966 Icharles Judge
20M 1/6	2 /10	-	





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages band 2 noun after death. PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) b. COUNTY a. COUNTY g. STATE Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 36 c CITY OR TOWN (If outside corparate limits, write RURA, and give nearest town) b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) event, within 72 hours TyrlOmthlhdvs **Eatons ville** Baltimore by the attending physician ond completely filled in transit permit. Then please, remove carbon papers. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS SPRING 2007 North Bentalou St. GROVE STATE HOSPITAL YES NO 3 NAME OF First Middle Lost 4 DATE Year DECEASED LeRoy Irvin Chambly 24 66 July 39 DEATH Type or print IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** birthday) Months Doys Hours June 26, 1890 white and in any male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12 CIT.ZEN OF WHAT 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during mast of warking use, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol, David Chambly Leona Barnes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes no, ar unknown) (If yes give war ar dotes of service 219-12-8755 Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic lesion of lungs IMMEDIATE CAUSE (a) physician. DUE TO Probable carcinoma of prostate Conditions, if any, which gave rise ta immediate cause (a), **DUE TO** stating the underlying couse Page 4 may be retained by the hospital or attending hos been 3 should be detached for use as the with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES K NO O FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (State) 20d INJURY OCCURRED (City or town) (County) 20c TIME OF INJURY Manth, Doy, Year Hour n.m factory, street, office bldg., etc.) 2). I certify that ((this haspital) attended the deceased from Sept. 10 192590 to July 24 19_66 that (# (we) last M, from causes and on the date stated above July 21 1966, and that death occurred of saw the deceased olive an 22b. DATE SIGNED 22o. SIGNATURE director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESSSPRING G ROVE STATE 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 DATE THEREOF 23d LOCATION (City or Town) (State) BURIAL CREMATION REMOVAL (Specify) 2Sa REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

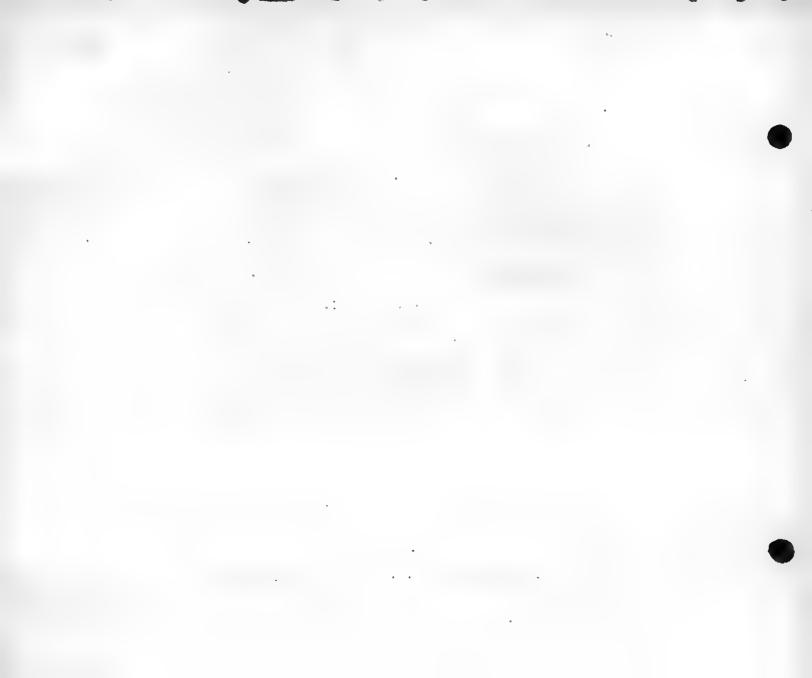


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If 'institution; Rus dence before edinission) e. COUNTY b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Raltimore 26 yrs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) A STREET ADDRESS A IS RESIDENCE ON A FARM? 7202 Gough Street 7202 Gough YES NO TO State 3. NAME OF First Midd.e Year DECEASED OF the Teresa DEATH (Type or print) Ciamarra 19 66 6 COLOR OR RACE T, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF LNDER 24 HRS. 5. SEX last birthdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY done during most of working life, even if retired) Goetze's Morgantown w. Ka 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Dibastiani Coloni Giovaninna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) } (Ifyesgivewerordetesofservice) Richard Ciamarra 7202 Gough no 236T66TT8 Street 18. CAUSE OF DEATH lEnter only one cause of live for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), sleting the underlying PART II. OTHER SIGNIFICANT COND TOME CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED! YES 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOWNJURY OCCURED, (Enter nature of injury in Part I or Part I, of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeer (County) o D fectory, street, office bldg., etc.) Hour n.m. While Not While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy I. Inspection 1 and in my opinion Inquiry ā Undetermined manner death resulted from: Natural causes Accident Suicide Homicide DIRE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUT should the FUNER NAME [Type] 220. BURIAL, CREMATION town, or country) (Stete) REMOVAL (Specify) Baltimore Maryland Gardens Of Faith Q40 9 24e. REC'D BY REGISTRAR I 23. FUNERAL DIRECT 24b. REGISTRAR'S S. GNATURE 1966 VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Baltimore by the MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Baltimore deling physician and completely filled in Then please remove carbon papers. The removal, and in any event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 5098 Orville Avenue NO X executed within NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) Herbert Clagett DEATH A. 19 66 July 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS jast birthday) | Months | Days Hours White 7-17-06 Male WIDOWED | OIVORCED [10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) sertificate be INDUSTRY Deputy Sheriff USA Balto. City Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending pl the burial-transit permit.—Then or to burial, cremation, or remova Herbert F Clagett Sue E. Pickett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) death 213-05-7828 Mrs. Viola Clagett 5098 Orville Avenue 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Pneumonia, right lung IMMEDIATE CAUSE (a) 操作技术 Chronic cholecystitis with cholelithiasis with Conditions, If any, which (b) gave rise to Immediate obstructive jaundice TOP TO cause (a), stating the Carcinoma of left adrenal gland underlying cause last. has SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. _____ 19.66, to July 31 _____ 19.66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from July 11. .1966 and that death occurred at 9:40M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SICNED 22a. SICNATURE ATTENDING STAFF PHYS. July 31, 1966 DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Govinda Rao, M.D. 7620 York Road, 21204 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. Howard Coucty Maryland Memorial Burial Park 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SICNATURE Falls 24. FUNERAL DIRECTOR Funeral Home 3631 Road Burgee Charles VR AL5 (4) 20M 1/65



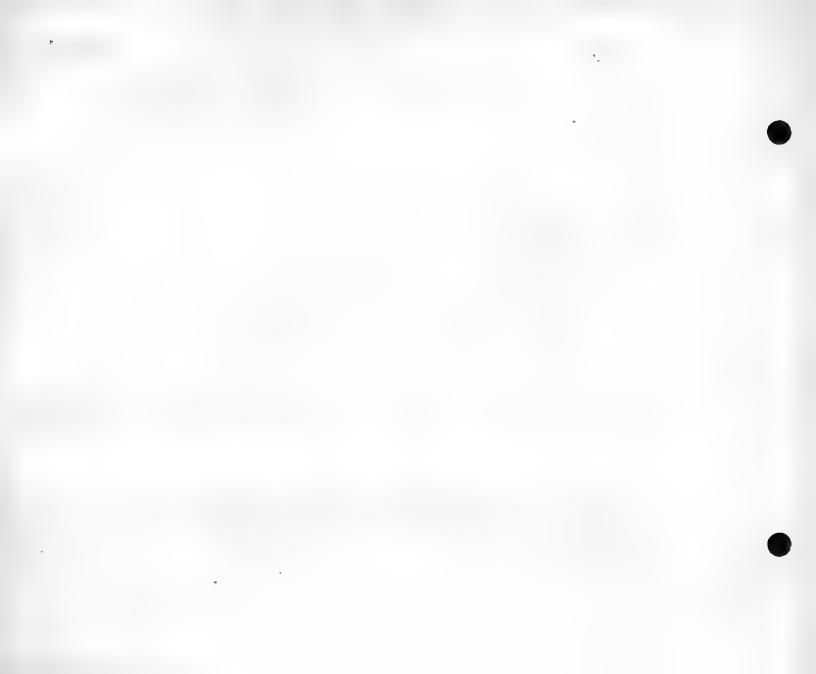
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OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within be retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the attending physician and completely ge 3 should be detached for use as the burial-transit permit. Then please remove carbon ped with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	Conditions, if any, which agave rise to immediate cause (a), stating the DUE TO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or atten TO FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health price	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE PROPERTY OF THE PROPERTY OF THE PERFORMENT OF THE PERFORMENT.
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NG PHYS by the I fter this be detad	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, st
OR ATTENDII De retained ONECTOR: At	21. I certify that (I) (this hospital) attended the deceased from 1 - 1 - 1966 to 1 - 1 - 1966, that (I) (we) last saw the deceased alive on 1 - 2 and that death occurred at 4 3 m, from the causes and on the date stated above.
AL OR A Lay be r L DIRECT Page 3 filed willed will be a large 3 filed will be a large 1 filed will be	22a. SIGNATURE William a. Jewn M.D. ATTENDING MEO. STAFF 22c. PHYSICIAN'S 1 22d. ADDRESS
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	NAME (Type) W, 11 id m A- 1 y Son King's - 1/2 Md. 23a. BURIAL CREMATION 1 23b. DATE (HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DE DEATH a. COUNTY b. COUNTY after by the f Pages 1 after Maryland Baltimore Raltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Baltimore Baltimore Ξ etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 7914 Knollwood Road NO. YES completely carbon NAME DE Middle DATE First Last DF DEATH July DECEASED Edythe CLARK M. (Type or print) AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS. and con remove any eve 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours white female Sept WIDOWED DIVORCED 12. CITIZEN OF WHA 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR physician please r death certificate be during most of working life, even if retired) INDUSTRY Housevile own home Maxuland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Johanna (oo leu John H. Krager 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no. or unkown) (If yes give war or dates of service) ed by the atte transit permit cremation, of tamily records none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). The law requires that the ONSET AND DEATH signed by i Diabetes PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) Jins Speed Street Speed acute myocardial infarction DUE TO Canditions, If any, which rise to Immediate DUE TO cause (a), stating the as th prior heart failure Congestive underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? for use Health certificate NO IC YES 20a, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.) 50 etached this (State) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 19 66, to July 17, 19 66, that (1) (we) last 0 21. I certify that (I) (this hospital) attended the deceased from. 3 should with the and that death occurred at 9.44P from the causes and on the date stated above. 19 66 saw the deceased alive on. 22b. DATE SIGNED SIGNATURI g Pe DIR ATTENDING page 7-17-66 PHYS. DIRECTOR PHYS. M.D may HOSPITAL FUNERAL PHYSICIAN'S 22d. 22c. TO FUNERAL director, I should be Baltimore, 21204 NAME (Type) Jaime Singzon 7620 York Road. (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. 23c. REMOVAL (Specify) 2 uria REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09423 The law requires that the death certificate be executed within 24 haurs after death. death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) funeral and PLACE OF DEATH ___COUNTY O. STATE MARYLAND haurs after BALTO c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CTY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 15 write RURAL and give negrest town) Ball HMore 2 days 4 21208 Kandallstown papers. d. STREET ADDRESS e. 15 RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspitot, give street address) within 72 ON A FARM? filled Church Lake Balto. Co. Gen. Hosp 113 YES NOZ 3 NAME OF Middle 4 DATE Month ⊾øs† Day Year DECEASED 0F 6960 JAMES event. DEATH (Type or print) S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (n years 1F LINDER 1 YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED remove Last birthaay) Months Dovs Haurs Male. WIDOWED DIVORCED and in any 10a. US JAL OCCUPATION (Give kind of work atone) Ob KIND OF BUSINESS OR 11 BIRTHPLACE (Coupty & State or foreign country) 12 CITIZEN OF WHAT 13 FATHER'S NAME 14. MDIHER STMAIDEN NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO: INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 5 crematian. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: enekro Vacant IMMEDIATE CAUSE (6) þ DUE TO ourial, Conditions, if any, which gave rise to immediate cause (a), DUE TO stoling the underlying couse Page 4 may be retained by the haspital ar attending as the last. WAS ALTOPSY PERFORMED? has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES certificate ō 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 at Part 11 af Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Nat While Haur o.m. factory, street, affice bldg., etc.) While of work at work 1966 10 1965 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1966, and that death accurred at 245 M. fram causes and an the date stated above FUNERAL DIRECTOR: saw the deceased glive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR abod 22d. ADDRESS 22c PHYSICIAN S O HOSPITAL director, po should be f ABUAY BURIAL, CREMATION, NAME OF CEMETERY/OR & REMARCRY LOGATION (City (Stote) REMOVAL (Specify) 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	ON A FARM?
	YES NO
3. NAME OF DECEASED (Type or print) Bertie V. Cox DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In last birth	Month Day Year
(Type or print) Bertie V. Cox DEATH	7 17 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In last bird 1 cm 1	years IF UNDER 1 YEAR IF UNDER 24 HRS Hours Min.
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E Idea of the state of the	COUNTRY?
during most of working life, even it retired) INDUSTRY Housewife N. Carolina	U.S.A.
13. FATHER'S NAME Lastfman Lastfman Unknown	
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LUITMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 215-22-0404	
215-22-0404 -rs Vera Mc Kenney 4218	Penn Avenue #36
215-22-0404 -rs Vera Mc Menney 4218 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATKIND Delevotive Conditions caused as the condition of the condit	INTERVAL BETWEEN ONSET AND DEATH
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saw the deceased alive on 7-/6 19/66, and that death occurred at 11 M, from the c	22b. DATE SIGNED
M.D. PHYS. 22c. PHYSICIAN'S 1 22c. PHYSICIAN'S 1	1-11 86
ATTENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Tige) 22d. ADDRESS NAME (Tige) 23a BURIAL, GREMATION, 23b. DATE THEREOF PHYS. 23d. LOCATION (REMOVAL (Specify))	e Balto36Mel
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Parkwood Cemetery Bultimor	C. Co. lidd.
VR A15 (4) (5) Lassahn Furnal Home 7401 Belau Food DATE JUL 19 196	o frances judge



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after by the f Pages 1 urs after MARYLAND b. CITY OR YOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours hours Kingsuille Toronio .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE filled ON A FARM? Main 902 Tericho within 000 YES NO X executed within completely carbon 3. NAME OF Middle DATE Month Day Year Last DECEASED ninna imino OX DEATH u 19 66 (Type or print) 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS 6. CDLOR OR RACE 7. MARRIED S **NEVER MARRIED** last birthday) | Months | Hours and WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done I 1Db. KIND OF BUSINESS OR 11. BIRT HPEACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? during most of working life, even if retired) INDUSTRY Maryland nouse wife HOME 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova aroline 15 WAS DECEASED EVER IN U.S. ARMED FORCES! Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service Mrs. R.H.) Kingsville C-roline INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The faw requires that to the hospital or attending physician. ourcinoma 1062 DUF TO carcinoma Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) 23 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO DO YES DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [detached f e Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a,m. After Id be d While Not While OR ATTENDING be retained by at work at work p.m. 19 1966 to July DIRECTOR: A age 3 should lied with the 5 17 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at 3 PM, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE page : MED. ATTENDING DIRECTOR PHYS M.O. Page 4 may O HOSPITAL FUNERAL lirector, pe PHYSICIAN 22c. ADDRESS Pullen S director should BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Md. Prospect Hill Cemetery Towson Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sons Co. Md.21212 A15 (4) 1/65



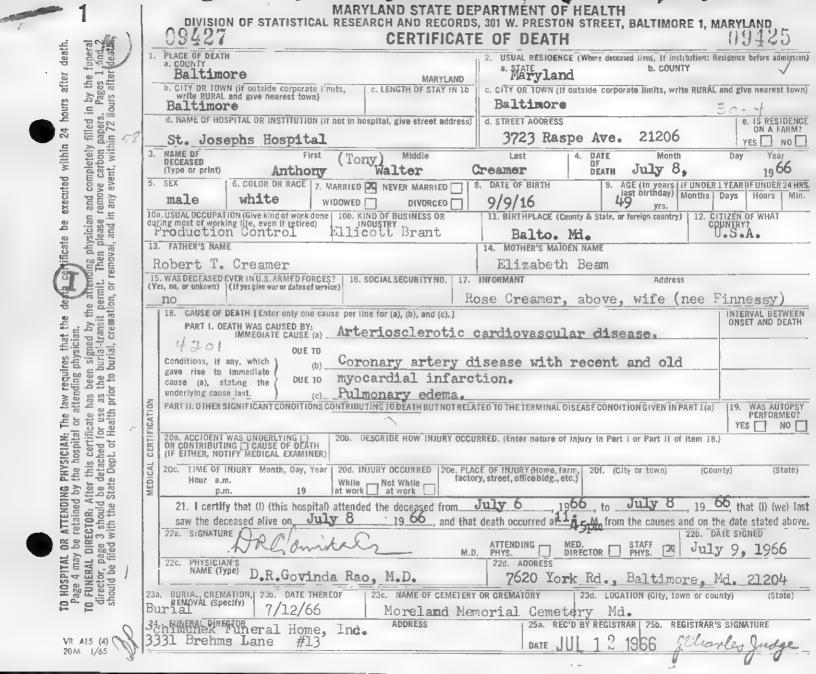
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

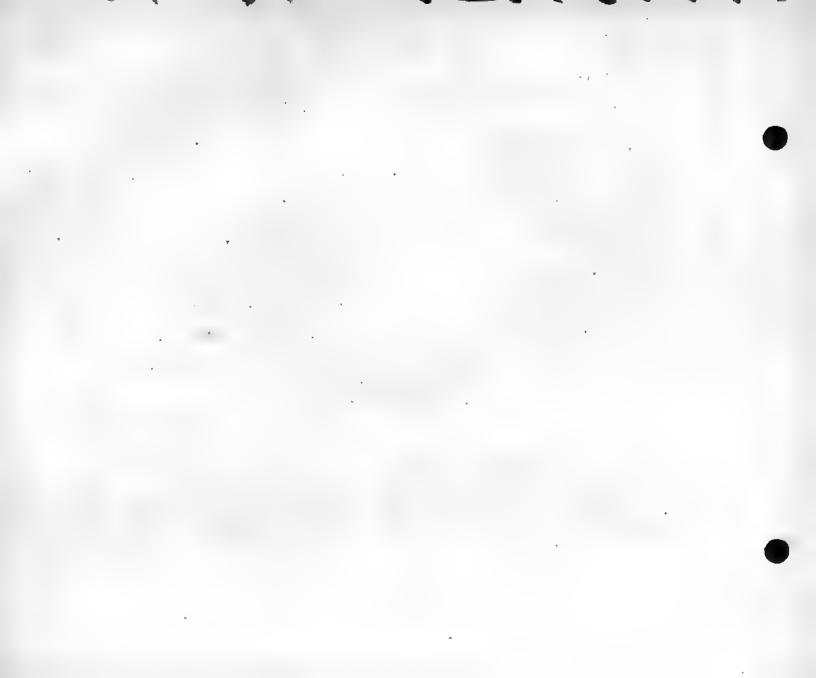
CERTIFICATE OF DEATH

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s. Pages 1 and 2 hours ofter deoth		PLACE OF DEATH O. COUNTY Baltimere	MARYLAND	n STATE	(Where deceased lived, if institut b. COUN	
0 0		b CITY OR TOWN (If outside carparate lin			outside carparate limits, write RUI	RAL and give nearest tawn)
n ony event, within 72 hours		write RJRAL and give nearest town)	124 days	Baltime	pre	1
		d NAME OF HOSPITAL OR INSTITUTION (IF		d STREET ADDRESS		e. IS RES DENCE ON A FARM?
7			stration Hospital	143 W. 1	lamburg Street	YES NO 🔀
		NAME OF DECEASED	First Middle	Last	4 DATE Mont	-,
		(Type ar print)		CRAWFORD	DEATH JULY	30 19 66
	5	SEX 6 COLOR OR RACE Negro	7 MARRIED TO NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours Min.
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	dur	ing most of working life, even if refired)	INDUSTRY RALLFORD	,	y & state, or idleight too hity)	COUNTRY?
		FATHER S NAME	Wall TT. And	Georgia 14. MOTHER'S MAIDEN	NAME	U.A.A.
		Amison Crawford				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Lly Durham Addre	SS
	(Ye	s, no or unknown) (If yes give wor or dote	es of service)	liwical Bods		Fort Howard, Mi.
	H	1B. CAUSE OF DEATH (Enter only one of		TATCAL MORE	AN MARRICALL	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAU	BRONCHOGENTO CAR	CINOMA WITH	METASTASIS	1 ONSET AND DEATH
		,	UE 10			
		Canditions, if any, which gove)	(b) EMPYEMA, RIGHT H	EMITEORAX		
		stoting the underlying couse	PUE TO			
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	NO.	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
3-	Z.		and program when builting accomple	IP.	D 74 D 74 ft.	YES NO
	MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature at injury in	Part I ar Part II at Hem 18.)	
	CAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m. 20f (City or town)	(County) (State)
	MEDI	Haur o.m.	While Not While fo	ctary, street, office bldg., etc		(20011)
		p.11t	aspital) attended the deceased fram_	Mar. 28	10 06 to July 3	0 10 66 that (M (wa) law
		saw the deceased alive an	July 30 19 66 , and the	at death accurred a	11:35. from causes	and an the date stated above
		22a. SIGNATURE	1		6.E.	22b. DATE SIGNED
		1 Etc.	property to the said	D PHYS	MED STAFF DIRECTOR PHYS	7/31/66
1		22c. PHYSICIAN'S NAME (Type)	7	22d. ADDRESS		
		- Phylindia			Ltal, Fert Hews	
		BUR AL, (REMATION, 23b DATE REMOVAL (Specify)	2		23d ŁOCATION (City or To	, , , , , , , , , , , , , , , , , , , ,
0	1	FUNERAL DIRECTOR	Co Destorment of Itel		Baltimere, l	GISTRAR S SIGNATURE
all		TONERAL DIRECTOR	Polto M	ntgomerzio. REC	UG 4 1986	Charle (



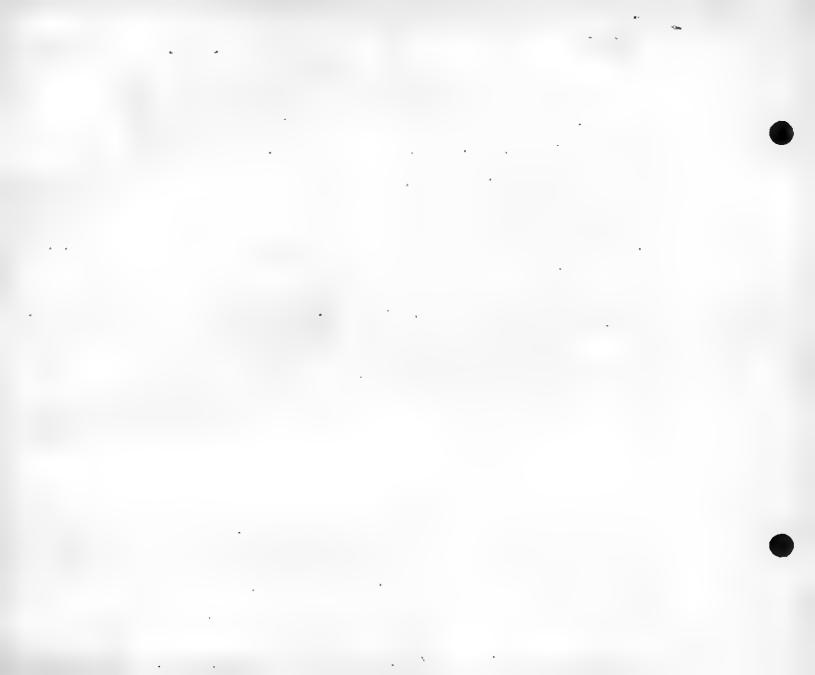




	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	C9428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19426)
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY a. STATE MARYLAND A. STATE D. COUNTY We st more levels of institution: Residence before addression) A. STATE D. We st more levels of the st
Cessary, the funeral be be beartment after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
50 00 10	d. MME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Box 84 On A FARM?
Page Page State State	3. NAME OF Muddle Last LA DATE Month Day Year
72 M3	(Type or print) Journe J CRelantin DEATH 7 / 1964
death. If a Pages 1, ith form if num if num if num if num if num if num ithin ent within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED DIVORCED NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. WIDOWED NOTE) NEVER MARRIED 19. AGE (in years IFUNDER 1 YEAR I
ive Pagine Pagin	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CFTIZEN OF WHAT COUNTRY?
# 5 5	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USA 14. MOTHER'S MAIDEN NAME
24 hour ltem Office	Is was Deceased Ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service)
within pencil in miner's permit.	46 Carrenly 194-34-3357 File 201
ed w in pe xamir xamir rit pe	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
"be executed "post in the fact of the fact	3 d 5 4 DUE TO
be ey pend hedic rrial- rrial-	Conditions, if any, which gave rise to immediate (b)
a bi	cause (a), steting the DUE TO underlying cause last, (c)
ficate shoulthe word to the Chiel used as a to burial,	
iffical to the to the r to	YES NO P
R: This certificate, writing forwarded to 3 should be agent, prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of Item 18.) CAUSE OF DEATH. 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of Item 18.) CAUSE OF DEATH.
R: The forw forw 3 sh	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e.m. 7/1966 at work et work to the at work to the a
Et EXAMINE Unter the certificate the certificate that the certificate th	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
EXAM The Cert Should files. FOR: Pe esignat	death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner .
cute the cage 4 shour files DIRECTOR:	ACTUAL CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL CASSISTANT MEDICAL EXAMINER CASSISTANT MEDICAL EXAMINER CASSISTAN
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 7/1/6
DEPUTY ME lease execurector. Pag stained for FUNERAL D	EXAMINER'S THEO, C. VATTERSON Address (Street, city, town, or county)
O DEPUTY Melase executed director. Partitional for retained for Funeral of Health o	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burian 17-5-1966 Twin Valley Mem Park Cem Belmont, Penna 24 FUNERAL DIRECTOR PROPERTY ADDRESS 124 FUNERAL DIRECTOR PROPERTY SIGNATURE
VR AISME (5)	Will to the first for fine file will be part JUL 7 1966 followles judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09423 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) O. STATE MARY LAND o COUNTY b. COUNTY BALTIMORE MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 DAYS BALTIMORE FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 104 N. POPPLETON STREET YES NOX ve carban perent, with 3 NAME OF Middle 4 DATE First Month €.OSŤ Doy Year DECEASED 0F MARTON W. CRIPPIN JULY 66 (Type or print) DEATH 9. AGE (In years IF JNDER 24 HRS. S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours 6/6/95 MALE NEGRO WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
TRUCK HELPER U.S.A. INDUSTRY ONANCOCK. VIRGINIA 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME ERNEST CRIPPEN BEILTY CRIPPEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 218 07 0667 YES CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH burial-transit ADENOCARCINOMA OF PROSTATE WITH METASTASES TO IMMEDIATE CAUSE (o) BONE AND LIVER UNKNOWN You'XX Conditions, if ony, which gave PULMONARY EDEMA RECENT rise to immediate cause (o). DUE TO stating the underlying couse detached far use as the te Dept. af Health prior ta has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES A NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (b) (this hospital) attended the deceosed from... 6/6/66 , 19_ _____, ta___7/13/66__, 19____, that 🖈 (we) last 4 may be retained should 13/66 and that death accurred at8:00PM, from causes and an the date stated above. saw the deceased alive on. / 19 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 7/14/66 director, page 3 should be filed v M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S HOWARD C. KRAMER, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE. MARYLAND 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 250. REC D BY REGISTRAR FUNERAL. VR A15 (4) Schroeder St. Baltlmore, Nd.



5. SEX

OR

VS A15 (4) 15M 9/58

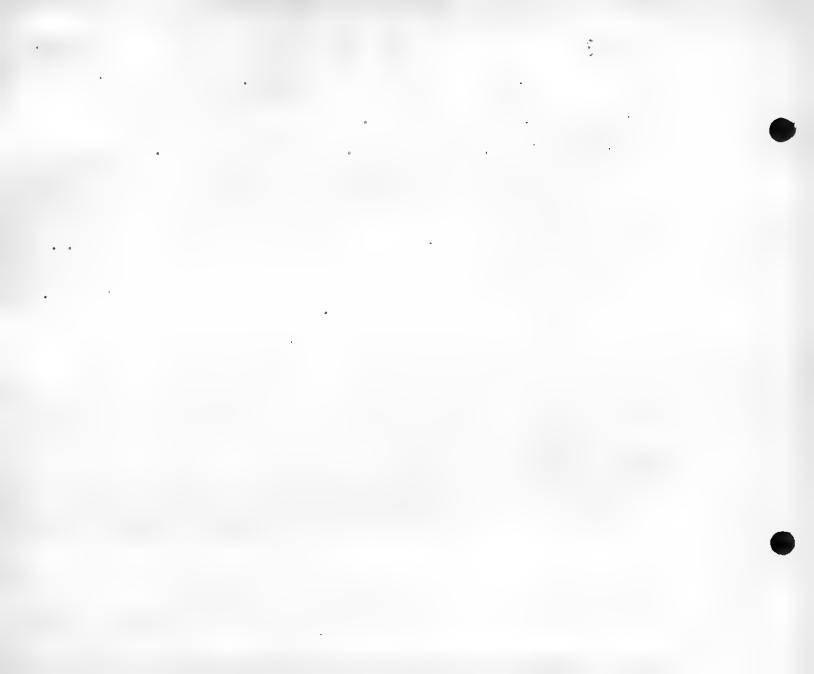
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Division of the second	MARYLAND STATE DEP	ARTMENT OF HE	ALTH	
CS431	CERTIFICATE	OF DEATH	REET, BALTIMORE 1, M	ARYLAND 0.0490
1. PLACE OF DEATH	Edgar AUR-AM	2 Hellar Bestbence	Where deceased lived, If institution	Paridace before days
· COUNTY BG I to. CO	Unty MARYLAND	a. STATE	b. COUNTY	Residence belore admission
b. CITY OR TOWN (if outside corporata li		c. CITY OR TOWN (IF ouls	ida corporate limits, write RURAL a	ind give neerest town)
write RURAL and give neerest town)		3418 Dil	loast - Balto	Md-21224
I. NAME OF HOSPITAL OR INSTITUTION	N (if not in hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM
NAME OF G dgar	irst Middle	Last < P4.	DATE Month	YES NO V
(Type or print) A le var	Jay / Cala	- , Ji	OF DEATH 7	25 1966
5. SEX 6. COLOR, OR RAI	CE 7. MARRIED THEVER MARRIED 18.	DATE OF BIRTH	9. AGE (In years IF UNDE	
MW	WIDOWED DIVORCED	11/6/18-92	lest birthdey) Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of w done, during most of working life, exen if joi	ork 106. KIND OF BUSINESS OR INDUSTR	Y I BIRTHPLACE (County &	State, or foreign country) 12, C	ITIZEN OF WHAT COUNTRY
Standard Oct - Peto	id Ketired _	13a/toi/	74 6	10/1
In a America	- ham	14. MOTHER'S MAIDENINAM	Irnov - Both	deceaase
5. WAS DECEASED EVER IN U.S. ARMED TO	ORCES? 16. SOCIAL SECURITY NO. 17. I	NEORMANT /	Address	VE 66 4 43 8
(Yes, no, or unkown) (liyesgivewerordates	ofservice)	tife (Sam	e as alion	-)
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED BY:		2,0		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	6) Coronary Jo	12.105/		1957
Out 1	To we all to	Yterio-Salen	21.20	
geve tise to immediate cause	(b) carrier 17	1/CITOCICILIE	77 / -	-
enuse last	(c)			
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	RT 1(+) 19. WAS AUTOPSY PERFORMED?
S	<i></i>			YES NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	H	D (Enter nature of insury in Part	or Yert II of them 18.)	
20c. TIME OF INJURY Month, Day,		CE OF INJURY (Home, farm, 2	OL. (City or town) (Co	ounty) (State)
Hour a.m.	While Not While fector	ory, street, office bldg., atc.)		
21. I certify that (I) (this hos	/	5/5/1/ may 195	7 10 July 22, 1	966 that (I) (we la
saw the deceased alive on	1/ 2 19.6. (4 and that	death occurred at	A, from the causes and on	4
220. SIGNATURE	IT Com	ATTENDING MED.	STAFF	22b. DATE SIGNI
22c. PHYSICIAN'S	Legar _ M.	D. PHYS. DIRECT	TOR PHYS.	120/06
NAME (Type)	has, Hom	3123 Fa	stern Ave. Bo	2/10:14-2123
36. BURIAL, CREMATION, 236. DATE THE	HEREOF 230 NAME OF CEMETERY	DR CREMATORY 23	d. LOCATION (City, sown or cou	nly) (Slete)
Bureal //2.	8/66 Vak Jan	m /	Dalto, Co.	md,
24 FUNERAL DIRECTOR'S SIGNATURE	Maces aug. Balt	250. REC'D BY		signature
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09432 death. requires that the death certificate be executed within 24 hours after death. in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o STATE Baltimore b. COUNTY Baltimore corbón papers. Pages 1 ent, within 72 hours after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (If outside corporate iimits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Rural Pilesville 21 vrs. Pikesville 8 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENC ON A FARM? 713 Milford Mill Rd. Pikesville 8.Md. 713 Milford Mill YES NO 🟋 NAME OF Midd.e DATE Month Year Day DECEASED Dr. Louis Zaldivar Jul4 Dalman 1966 (Type of print) DEATH 5 SEX 7. MARRIED 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** (In years remove last birthday) Months Dovs Hours in ony Hale White WIDOWED DIVORCED March 14.1915 10o USUA: OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BiRTHPLACE (County & Stote, or foreign country) 12 CIT.ZEN OF WHAT during most of working life, even if retired) pleose INDUSTRY COUNTRY? Security Havana, Cuba 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louis Dalmau Isabelle signed by the attending WAS DECEASED EVER IN IT'S ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Privesville 3.14. Rd. (Yes no, or unknown) (If yes give wor or dotes of service Mrs. Bernice McClung Dalmau, /13 Milford Mill 233-38-2629 None 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN buriol-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO heart designed Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been rte_ lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate YES [NO 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) of work of work 21. 1 certify that (1) (this hospital) attended the deceased fram. 1955- 10 Chily . 1966 that (I) (we) last 1966, and that death accurred at 445 PM, fram causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED M M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ikesuille8ML 1403 Foley LZ77R director, 230 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) July 7,1966 Druid Ridge Cemetery Pikesville 8, Daltio., M. Curia 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15 (4)* 20 M 1/66



1.4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
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thin 24 hours of filled in by the in papers. Pagarthin 72 hours		NAME OF FIRST	nospital, give street oddres	eral	d STREET ADDRESS 3821 Lost	Victoria A	e IS RES DENCE ON A FARM? YES NO Doy Year
ote be executed within 24 ician and completely filled in lease remove carbon paper and in any event, within 72		SEX 6 COLOR OR RACE 7 A	MARRIED NEVER MAIND OF BUSINESS	ORCED 🔲	10-7-90	9. AGE (In years lost burthday) 5. yrs. ty & State, or foreign country)	7 19 6 6 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min 12 CITIZEN OF WHAT
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IDING PHYSI d by the hosp After this cer d be detached Stote Dept.	MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dt. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 21. 1 certify that (I) (this haspital)	2Dd INJURY OCCURRED While Not While of work of work) attended the decent	ased fram_	E OF INJURY (Home, for ory, street, office bldg., et Muly	19 66, to Stelle .	(County) (State)
Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached far use as the buriof-tror.		saw the deceased alive an 1220. SIGNATURE D7 - Brincipies 221. PHYSICIAN S NAME (Type) CFR VENIL	a. Car	e, and that	ATTENDING PHYS 22d. ADDRESS	MED STAFF DIRECTOR PHYS. E	and an the date stated above 22b DATE SIGNED 7-F-66
TO HOSPI: Page 4 m To FUNER director,	23	D. BURIAL CREMATION, REMOVAL (Specify) 7-11.		Catl	REMATORY	23d. LOCATION (City or Tox Baltimor	
20 M 1/60	6	12/20/10/ -410K	amonds	eal (1	he still	1 2 1966 July	arles Judge



240, REC'D BY REGISTRAR

DATE

ADDRESS

7401 Belair Rd.

Maryland

24b REGISTRAR'S SIGNATURE

filed be De should move corbon FUNER poge 9 VS A15 (4) 15M 9/55

MEDI

Lassahn Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09435 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deoth and compretely filled in by the funeral remaye carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 5 COUNTY o COUNTY o. STATE MARYLAND land CLENGTH OF STAY IN 15 b CITY OR TOWN (If outside carparate limits, c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give pearest town) -2 mo. 21 days Lutherville B IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS Mahnor YES NO K NAME OF Middle 4. DATE First Day Year DECEASED remaye carbon dny event/w arrel 19 66 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? the attending physician sit permit. Then please INDUSTRY_C Indianapolis, Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Joseph E.BA985 Beck Man IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dates at service RINTEL 1B. CAUSE OF DEATH (Enter an y one cause per lipe for (a) (b), and (c) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gave nse to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [PHYSICIAN: far 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) Hour o.m. factory, street, affice blda., etc.) 19 00 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive on. ho and that death accurred at 5 A. M. from causes and on the date stated above 22n SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. 22c LPHYSICIAN'S **ADDRESS** 21218 NAME (Type) William Fritz director, shauld b 230 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 7-28-66 Baltimore Greenmount Md 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 H.W. Jenkins & Sons Co. 4905 York Rd., Balty



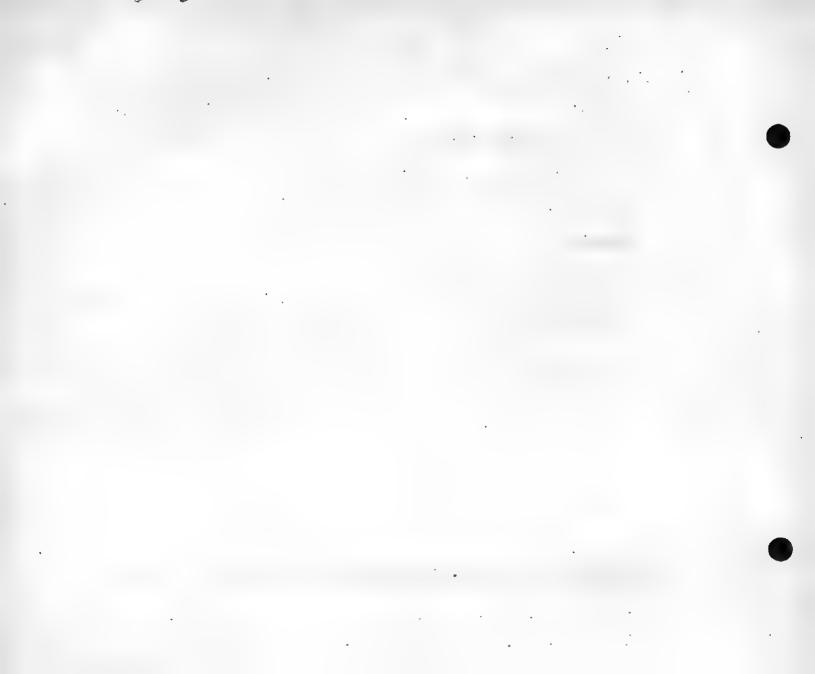
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COLNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if oulside corporete limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m ts. wr.le RURAL end a ve neerest town) write RURAL and give nearest town) Lowson Reisterstown l yz d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospice Westminster YES NOW 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH Joseph C. 1966 and con B. DATE OF BIRTH 90 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS lest birthdey) Months Deys Hours WIDOWEDT DIVORCED гетоме 10e. USJAL OCCUPATION (Give kind of work 10b KIND OF BUS NESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11 BRTHPLACE (County & State, or foreign country) done during most of warking life, even if retired) Office mngr Trucking redrick. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin H. Rebecca Coblentz _Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) ((fivespivewerordelesofservice) ykesvulle Mr. R.W. Mowery. Gaklnad Mill "d. S 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause tes in left much DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Cey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work D.m. and that death occured &, 25M, from the causes and on the date stated above. saw the deceased alive on.... 22n SIGNATUR 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Robery J Mahon 23e. BURIAL, CREMATION, 23b. NAME OF GEMETERY OF CREMATORY (State) REMOVAL (Specify) 中岛 0 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1Ⅲ (4) 15M 9/60

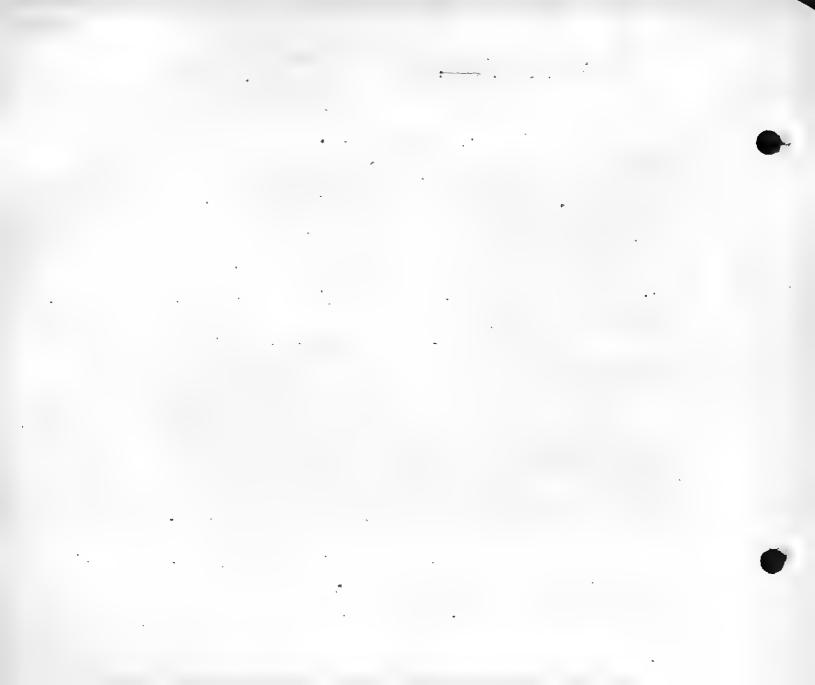
HOSPITAL

STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
	C9437 CERTIFICATE OF DEATH	0.9435
24 hours after death. filled in by the funeral napers. Pages 1 and 2 nn 72 hours after theth.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the country of the co	ence before admission
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in the	Mount Wilson 9 days Balt md 21231	I e. IS RESIDENC
24 h	Mount Wilson State Hospital 230 5. Anve St.	ON A FARM?
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iffica grow ten-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 40:++:= 741 0 - 1 - 141	
en de la cert	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address	
The law requires that the death certificate be endeath cartending physician, cate has been signed by the attending physician are use as the burial-transit permit. Then, please realth prior to burial, cremation, or removal, and in	(Yes, no, or unknown) (If yes give war or dates of service) Records, Mt. Wilson State Hos	pital
the all the all it perm		NTERVAL BETWEEN ONSET AND DEATH
es that the hysician. Signed by urial-transi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebical Hemorrhage	Iday
s that yesicle in its i	J31 X DUE TO	4
uires g ph en si bui	Conditions, if any, which (b) (b)	
requir nding p been the b	cause (a), stating the DUE TO underlying cause last.	
law re attendi has b he as t h prior		19. WAS AUTOPS' PERFORMED?
N: The Is tal or at inficate h for use Health	5 mod Adv. Pulmonary Tuberculosis	YES NO
PHYSICIAN: The law requires that the hospital or attending physician. This certificate has been signed betached for use as the burial-trance Dept. of Health prior to burial, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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NING PHYS d by the h After this d be detact State Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., etc.) 4 work at work at work 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., etc.)	(State)
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TENT aine OR: boulk	21. I certify that (i) (this hospital) attended the deceased from	, that (I) (we) la date stated abov
AT AT CECT 3 SI With With	22a. SIGNATURE 22b. DATE	E SIGNED
ogge filed	M.D. ATTENDING MED. STAFF 7-9	3-6B
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL OIRECTOR: After director, page 3 should be s = 1 be filed with the State	Wm. Newcomer, M.D., Superintendent 22d. ADDRESS Mount Wilson, Maryland	
Page Page To FUI direc	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify)	y) (State)
2 = 2	Burial 7-11-1966 St Paul Baltimore Marylan 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	d SIGNATURE
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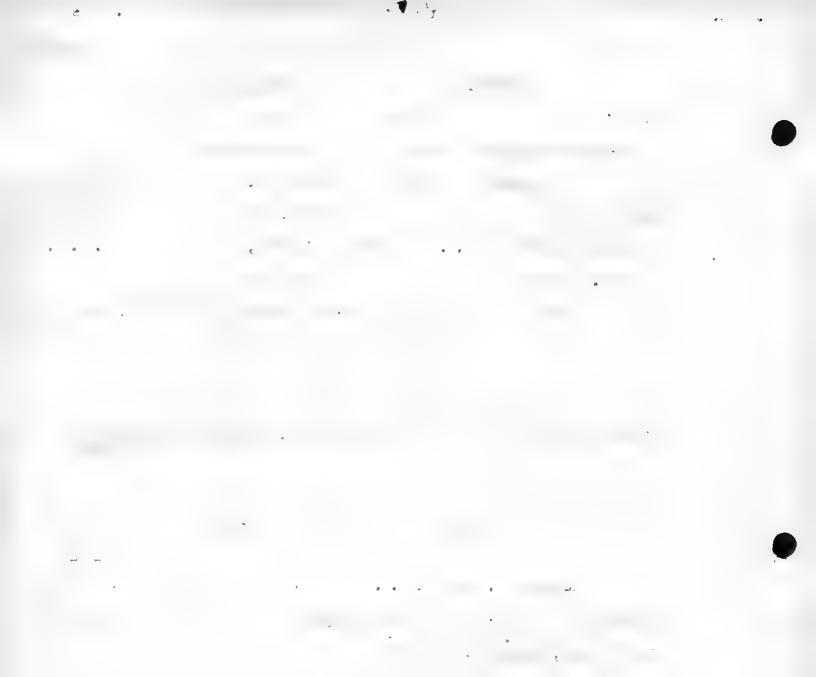




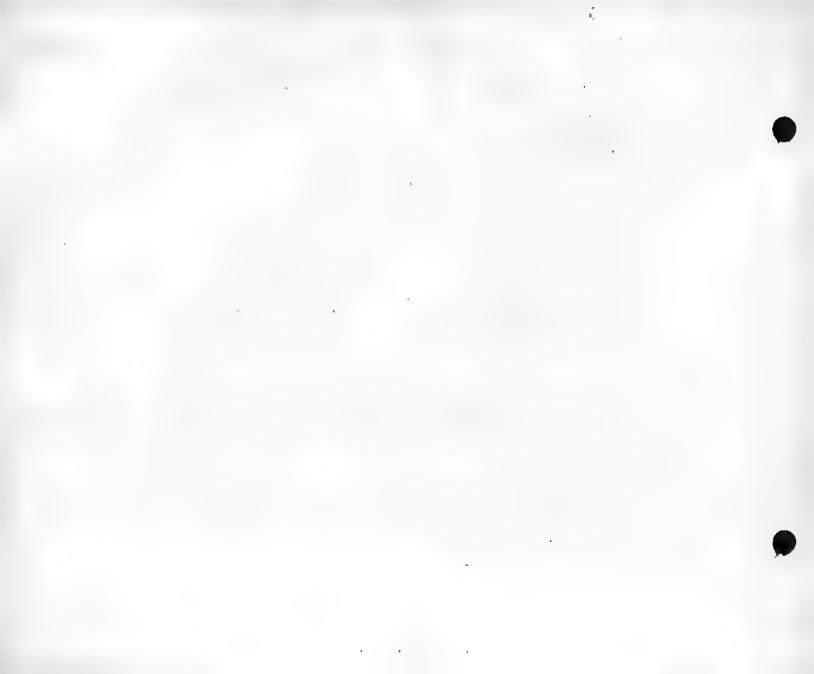
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09440 Laneral Land 2 er deeth. 24 hours after deoth 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission-PLACE OF DEATH o. COUNTY p. STATE BATTIMORE MARYTAND MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 36 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) teose remove carbon papers. Pag and in any event, within 72 hours FORT HOWARD IN DAYS BALTIMORE completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? BOYD STREET NO be executed within 3 NAME OF 4 DATE Month Doy Year DECEASED 'OF JULY 19 66 HEARY DE MINDS SR (Type or print) DEATH S SEX 9. AGE (in years IF JNDER 1 YEAR LE L'INDER 24 HRS. 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED JUNE 10. 1896 MALE NEGRO 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY BALTIMORE WARYLAND

14. MOTHER'S MAIDEN NAME U. S CIVIL SERVICE EMPLOYEE requires that the deoth certificate U.S. GOVERNMENT 13. FATHER'S NAME cremation, or removal, SARAH JANE WEST JOHN N. DE MINDS 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dates of service) 218 18 31 3h CLINICAL RECORDS FORT HOWARD, MARYLAND INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-tronsit p NO HOURS PART I. DEATH WAS CAUSED BY: PREUMONIA IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO buriol Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse been os the lost. 19. WAS AUTOPSY PERFORMED? hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be detached for use with the State Dept. of Heolth LEFT MIDDLE CEREBRAL ARTERY OLD. ARTERIOSCIEROTIC HEART NO JOK YES -After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port i or Port it of item 18.) TISPASE OR CONTRIBLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Ge, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour a.m. 20d INJURY OCCURRED (County) foctory, street, office bldg, etc.) Not While et work ot work 21. I certify that (V (this haspital) attended the deceased from JUNE 18 , 19 66, to JULY 28, 19 66, that (V (we) last 19 66 and that death accurred all 230PM, from causes and on the date stated above TO FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 7-28-66 director, poge 3 should be filed v DIRECTOR M.D PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) TOPACIO. M.D. VA HOSPITAL. FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) REMOVA (Specify) BATTIMORE NATIONAL BALTIMORE. MARYLANT 250 REC'D BY REGISTRAR REGISTRARS S GNATURE FUNERAL DIRECTOR **ADDRESS** ETROY O. WILSON 20 M 1/68 BALTIMORE, MARYLAND CRIEANS

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a. STATE hours after death. MARYLAND Deportment b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) guo write RURAL and give necrest town) owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC Office alang with form ON A FARM? oseph's Hospital ote Bauonne Avenue in Item 18. Give Poges NO with the Stowithin 72 | 3. NAME OF Middle 4. DATE Day Year DECEASED OF lniers 00 DEATH 19 S SEX AGE (In years F UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS NEVER MARR ED last birthday) Months Davs Haurs WIDOWED & event 18a USUA, OCCUPAT ON (Give kind of work done TOB KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 C TIZEN OF WHAT INDUSTRY COUNTRY 3 anada Ketired Exominer's 13. FATHER'S NAME pencil be executed within 14 MOTHER'S MAIDEN NAME wide E an WAS DECEASED EVER IN U.S. ARMED FORCESS 16 SOCIAL SECUR TY NO 17 INFORMANT Address rd "pending" in Chief Medicol E or removal. (Yes no, ar unknown) { If yes give war ar dates at service Norman Woodr esawhiers. 1B. CAUSE OF DEATH (Enter only one couse per age for (m), (b), and (c). buriol-tronsit PART I, DEATH WAS CAUSED BY IMMED.ATE CAUSE (a) This certificate should writing the word used os a buriol-tra burial, cremotion, DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse last. used PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS! CERTIFICATION PERFORMED? designoted agent, prior to 200 EXTERNAL CAUSE WAS 20th DESCRIBE MOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) ploods PRIMARY Car CONTRIBUTING C CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, (City or town) (County) (State) Hour am. While factory, street, affice bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Page of work at work 21 I certify that I taak charge of the remains described above, held an Autopsy [Inspection and in my opinion death resulted from: Notural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED SIGNATURE funeral O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, tawn, or county) the 23a BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 50 Baltimore National 24 FUNERAL DIRECTOR, 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURI VR A15ME



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09442 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nours after eleath. certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. State Maryland o. COUNTY b. COUNTY Baltimore MARYLAND C LENGTH OF STAY IN 16 d completely filled in by nie-arban papers. Page b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 18yr9mo9dys Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO 3 SPRING GROVE STATE HOSPINAL Denison St YES please remaye carban NAME OF Fiest Middle 4. DATE Doy Year DECEASED OF Brian DeVan (Type or print) DEATH July S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (n years TEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Doys Hours June 1891 and in any white DIVORCED WIDOWED 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during gost of working life, even if retired) COUNTRY? ng physician (Then please Maryland Ŭ.S 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME remayal. Brian T. DeVan Mary Jane Tobin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no or unknown) (III yes give wor or dotes of service -24-2105 Records: Spring Grove State Hosp. , cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial Infarction, acute IMMEDIATE CAUSE (o) DUE TO signed | burial Conditions, if ony, which gove Arteriosclerosis, generalized vears rise to immediate couse (a). DUE TO stoting the underlying couse use sthe lath priar to t be retained by the haspital ar attending this certificate has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GENERAL PARTS 19 19 ealth Uremia and nephrosclerosis; recent pneumonia; cerebral ĮQ. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of Item 18.) 200, ACCIDENT WAS UNDERLYING [OR CONTR BUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While State 6 ot work ot work 21. I certify that XIX this haspital) attended the deceased from Octoberly, 1917, to July 30, 1966, that (i) (we) last saw the deceased alive an July 30, 1966, and that death accurred at 11157, from causes and an the date stated above. shauld with the TO FUNERAL DIRECTOR: 22b. DATE SIGNED 166 director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS M.D Spring Grove State Hospital 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 8-2-66 Balto. Holy Redeemer Cem REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DAAUG

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a COUNTY a STATE b. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) write RURAL and give negrest town) Kingsville Kinďville lease remove carban papers. and in any event, within 72 ho and campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Hillside Road Hillside Road YES NO 🔀 3 NAME OF 4 DATE Firs† Middle Last Month Year DECEASED HELENA 28, 1966 DEVINE July 19 (Type or pant) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years last birthday) Months Hours white 8/1/1902 female WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Poland Receptionist Hooper Keefer & Sacks II.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Richard Dunaja unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Edwin Businsky, son, above F burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) **burial-transit** ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed ! Conditions, if any, which gave use to immediate couse (a), DUF TO has been see as the the prior to the stating the underlying cause Page 4 may be retained by the haspital or attending last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p PERFORMED? YES -NO O FUNERAL DIRECTOR: After this certificate 20g ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache shauld be filed with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wask 19 6 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from L., and that death accurred at 9 20 M. from causes and an the date stated above. saw the deceased alive an_ 22b DATE SIGNED 22a SIGNATURE A STAFF PHYS. **ATTENDING** M.D PHYS 22d ADDRESS 22c PHYSICIAN'S Dr. William Tyson Bradshaw & Silver Spruce Rds. NAME (Type) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 7/30/66 Greenmount Crematory Baltimore, Md. 25h REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Funeral Home, Inc. 2So REC'D BY REGISTRAR VR A15 (4) Mlanley & 1966 20 M 1/66 Brehms Lane



	1 (\(\)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
and the same of the same of	4 70	C9444 Ttem CERTIFICATE OF DEATH mb (19442
	executed within 24 hours after death. and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death	1. PLACE OF DEATH Ballett more County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission in STATE of the County of the Count
	executed within 24 hours after and completely filled in by the fremove carbon papers. Pages 1 n any event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wount Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1.03. Massachusetts he, is residence.
	filled paper in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1101 Massachusetts Av is residence with the street address of the street address
	thin tely your pwithin	3. NAME DE Siret Middle tast I A DATE Month Day Year
	d wi mple cart ent,	(Type or print) DEATH 19 CO
	execute and co remove I any ev	WIDOWED DIVORCED 9. 16-1876. 84 yrs. Months Days Hours Min.
		10a USUAL DECUPATION (Give kind of work done during nost of working lite, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME
	ertifica ding ph Then remova	JOHN LOWELL ELLA BURROUGHS
	ath catten	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dates of service) Records, Mount Wilson State Hospital
	the ation	18. CAUSE OF DEATH Enter only one cause per line far (a). (b), and (a), le
	nt the an. I by ransit	PART I. DEATH WAS CAUSED BY: ON SET AND DEATH IMMEDIATE CAUSE (a) Con seral Thrombosis ONSET AND DEATH 26 WILL
	uires that the death g physician. en signed by the att burial-transit permi o burial, cremation,	conditions, if any, which) Over the arthriosclerasis over 5 years
	W required as beer as the prior to	gave rise to immediate cause (a), stating the underlying cause last. (c)
	The la icate h or use lealth p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PERFORMED 7. YES NO OR CONTRIBUTING DAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	SICIAN hospita s certifiched fi iched fi	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filled with the State Dept. of Health prior to burial, cremation, or removal-rand is	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 20f. (City or town) 20f. (City or t
	TENDII tained 108: A hould h the S	21. I certify that (I) (this hospital) attended the deceased from 3. 4- 1966, to 7.5 1966, that (I) (we) las saw the deceased alive on 7.5 1966, and that death occurred at 6.75M, from the causes and on the date stated above
	RECT WITH	22a. SIGNATURE 22b. DATE SIGNED
	RAL D	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	HOSE 4 age 4 FUNE	William Newcomer, Superintendent Mount Wilson, Maryland 232. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
	5 C. D. A.	REMOVAL (Specify) Burial 7-8-1966 Rock Creek Cemetery Washington D. C. 24. FUNERAL DIRECTOR ADDRESS 1.25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	VR AL5 (4) 20M 1/65	Joseph Gawler's Sons, Inc. Wash Digo. A Plante JUL 8 1966 Charles Judge.

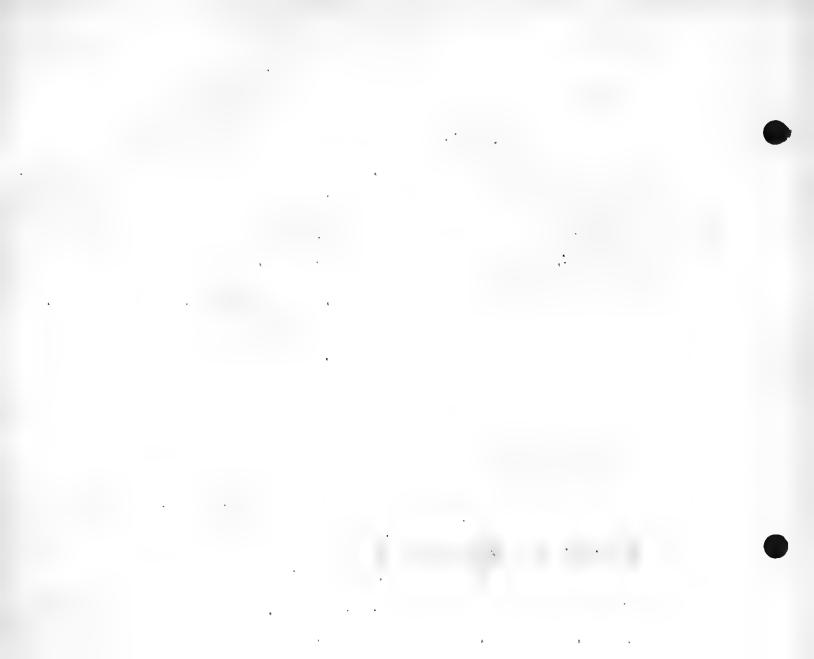


	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIF	MORE, MARYLAND 21201
	C9445 CERTIFICATE OF DEATH	09443
eral eral	1. PLACE OF DEATH O COUNTY 2 USUAL RESIDENCE (Where decease of COUNTY) 0. STATE	ed lived, if institution: Residence befare admission)
fun s l r	Baltimore MARYLAND Marylan	d Baltimore
s af	write RURAL and give nearest triwn)	e limits, write RURAL and give nearest town)
hour hour	Thite larsh (Inial) Late Vinite Marsh, IN d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS	
in 24 haurs after death. illed in by the funeral papers. Pages 1 and 2 hy 72 hours after death		e warsh Road #6 15 RESIDENCE ON A FARM? YES NO
requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physician and completely filled in by the funeral a burial-transit permit. Then please remave carban papers. Pages 1 and 20 burial, crematian, ar removal, and in any event, within 72 hours after death o burial, crematian, ar removal, and in any event.	3 NAME OF First Middle Lost 4 DAYE OF OF OF OTHER DEATH	Month 1 Day Year 1966
xecuter compl nave c	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 9 Female White WIDOWED DIVORCED 1-17-1912	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last brinday Months Days Hours Min
e be ex an an II se rem nd in an	10a JSUAL OCCUPATION (Give kind at work dane during most of working Lie, even fret red None Baltimore Co. II	COUNTRY?
ertificate be physician o en please oval, and ir	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	di yidini 0,0,4,
g phy hen nove		rgaret Kraft
equires that the death ce physician. signed by the attending burial-transit permit. The burial, crematian, ar remo	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT	Address
rt the at the at sit per natian	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
es tha sician. ed by al-tran	DUE TO DUE TO ACT OF CLASS OF THE STATE OF T	ower month
equir phys signi buric	conditions, if any, which gave it is to immediate cause (a), astating the underlying couse DUE TO	
aw riding ding been the ar to	lost (t) Colon.	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital at attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transler. Stau be filed with the State Tept. af Health priar to burial, creating.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us slaul be filled with the State liept, af Healt	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I or Port I fe Fifter, NOTIFY MEDICAL EXAMINER)	II of item 18.)
PHY he ha this c letach	20k. TIME OF INJURY Month, Day, Year Haur o.m. 20d INJURY OCCURRED While Not While factory, street, office bidg., etc.)	(City or town) (County) (State)
JING by t ffer ffer be c State	p.m. of work 🗀 of work 🗀	7-14 , 19 & 6thot (I) (we) last
R: A uld		, fram causes and on the dote stated above.
OR ATTENDING be retained by th JIRECTOR: After t e 3 shauld be de ed with the State	220. SIGNATURE AFFIN (F.) ATTENDING MED DIRECTOR	STAFF 22b. DATE SIGNED 7-21-66
TO HOSPITAL C Page 4 may b TO FUNERAL DI director, page saus be fee	22c. PHYSICIAN'S NAME (Type) / JUHN C. OHyle 75-27 Bill	in Rd Balliso
HOSE Jee 4 UNE ector	23a. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOC	CATION (City or Town) (County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		timore Md.
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR ADDRESS (36) 250. RECO BY REGISTRES DATE 25	1966 Charley Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY B. STATE Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21212 papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1225 Walker Avenue St. Joseph Hospital within YES NO within carbon 3. NAME OF Middle Last Month DECEASED OF DEATH Dolan July 19 66 (Type or print) Margaret AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED [AL] NEVER MARRIED DATE OF BIRTH 11-23-15 Female White WIDOWED DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY domemaker Own Home death certificate MOTHER'S MAIDEN NAME FATHER'S NAME Then present the p +morose Kennedu 15 WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. INFORMANT Address ne atten permit. 10 (Yes, no. or unkown) | (If yes give war or dates of service) Mr. Brain 20 Vone. cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). requires that the been signed by the burial transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardiovascular Disease Cenditions, If any, which rise to Immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IN YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) tached f 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 66 to 19 66, that (I) (we) last July 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 11:40 Fifthm the causes and on the date stated above. 66 saw the deceased alive on 22b. DATE SIGNED SIGNATURE 22a. MED. July 7,1966 Dage PHYS. M.D. PHYS director, p PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) 7620 York Road -Fausto 21204 (State) BURIAL, CREMATION. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 ltimore, New athedral 25a. REC Inc. 5305 Hartord Rd. VR A15 (4) DATE



21121111 2 2 1 2 1 1 2 2 2 2 2 2 2 2 2	PARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE		1, MARYLAND
I. PLACE OF DEATH	2. USUAL RESIDENCE Where deceased lived, if inst	(U)+±U
COUNTY	a. STATE b. COUNTY	(
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write Rt	IRAL and give nearest town
write RURAL and give nearest town)		•
d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	Baltimore d. STREET ADDRESS	a. IS RESIDENCE
	1301 Roland Ave.	ON A FARM?
Stella Maris Hospice 3. NAME OF BECEASED M.odle	Last 4 DATE Month	Dey Year
(Type or print)	osier DEATH July 13	1966 19
5 SEX 6. COLOR OF PACE 7. MARRIED NEVER MARRIED B	, DATE OF BIRTH 9, AGE (In Years IF	ONDER 1 YEAR IF UNDER 24 HRS.
	Jan. 14 1892 74 yrs. "	
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	RY 1) BIRTHPLACE (County & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?
Book -keeper	Westminster, Md	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas O'Neill Lynch 15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16 SOCIAL SECURITY NO. 177, 1	Mary Elizabeth Lockard	113
(Yas, no, or unkown) (Ifyas give wer or dates of sarvice)		Md.
NO 222-214-1936 18. CRUSE OF DEATH [Enter only one cause per line of (e), (b), and (c).]	Mrs. Leo Green 855 Kellogg	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Supture C	willow-	ONSET AND DEATH
45/X DUE TO - 10		20 suute
Conditions, if any, which \ (b) 2 Allen		
gave rise to immediate cause (a), stating the underlying DUE TO		
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?
		YES NO
☑ OR CONTRIBUTING [] CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of itam 18.)	
	ACE OF INJURY (Home, farm, † 20f. (City or town)	(County) (Stete)
Hour a.m. While Not While fact	lory, streat, office bidg., etc.)	Forest finale)
21. I certify that (I) (this hospital) attended the deceased from	Man 22 1966 to Init- 12	1066, that (1) (was less
saw the deceased alive on July 12	death occurred at 3.1 PM. From the causes and	on the date stated above
228 SIGNATORE		22b, DATE
Melyet Muchanist	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	7/13/66
22c. PHYSICIAN'S NAME (Typo)	22d. ADDRESS	
Robert J. Mahon, MD	204 R Joppa Rd Towson	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town	or county) (Stata)
urial 7-16-66 ov 3.th		<u> </u>
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25b. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
ULZICE T.W. 4101 amondso	THE THE 15 1966	under Judge
		1/



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH $\frac{7}{66}$ mh funeral 1. PLACE OF DEATH ... 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore MARYLAND Md. 242 b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 2 write RURAL and give nearest town) Nr. Baltimore Baltimore 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) Smithwood filled d STREET ADDRESS a. IS RESIDENCE ON A FARM? Nursing 1804 Walnut Home YES NO X Summit completely 3. NAME OF First Middla 4. DATE DECEASED NORA (Type or print) AGNES DOVELL DEATH July 19 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Hours 16, Dec. WIDOWED K DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife L.S.A. Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dennis Nora Mullana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I (If yes give wer or dates of service No Mrs. Marie Harris Ma. 18. CAUSE OF DEATH [Enter only one cause ger fine for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which [6] geve rise to immadiate couse **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS AS AUTOPSY CERTIFICATION PERFORMED? NO 2 mc om 2 DESCRIBE HOW INJURY OCCURED. (Erber nature of injury in Part I 20a. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING TO CAUSE OF DEATH | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory street, office bldg , ofc.) Hour a.m. While Not While el work at work 19....., that (I) (wa) last 21. I certify that (1) (this hospital) aftended the deceased from... and that death occurred all M, from the causes and on the date stated above, saw the deceased alive on....... DATE 22 SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M D 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City REMOVAL (Specify) Oak Lawh Cemetery Baltimore. Md. 0 Buria REGISTRAR 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)/2 715 Light St INC. 1SM 7-62

DEPARTMENT OF HEALTH

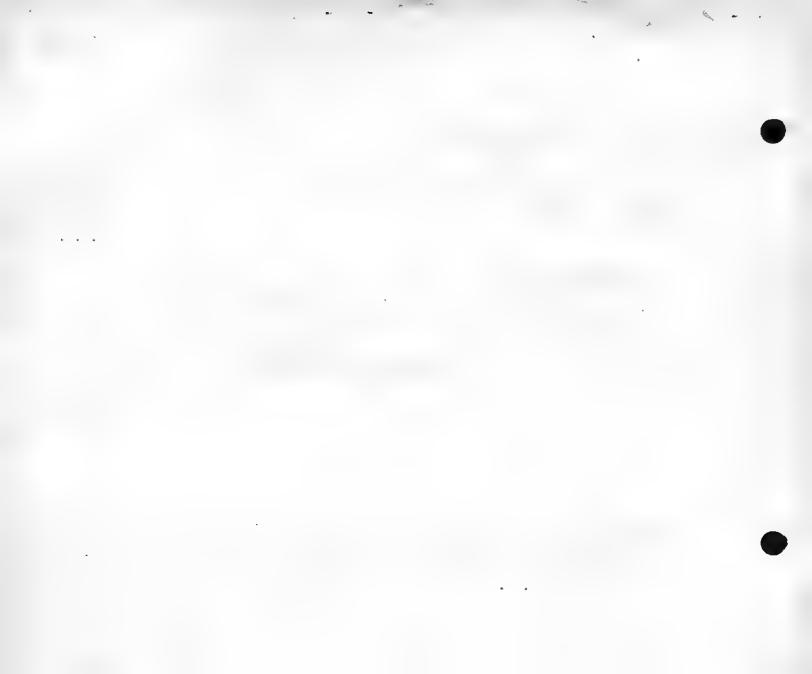


*######	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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	filled papers vin 72 1	Nount Wilson State Hospital 5900 24th Ave YES NO
	within pletely arbon pt, withi	3. NAME DE DECEASED (Type or print) VIRGIL SHREVE DUTY DEATH 7 19 19 CO
	executed was and complained and complained can any event,	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HOURS MI) Months Days Hours MI
	be executed within 24 ho sician and completely filled is ease remove carbon papers, and in any event, within 72 h	10a. USUAL OCCUPATION (Give kind of work done industry) 12. Citizen OF WHAT during most of working life, even if retired) 10b. KIND DF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. Citizen OF WHAT CDUNTRY?
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		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	ires that the death certificate be opposition. I signed by the attending by sician burial-transit permit. Upon please burial, cremation, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 3-77-22-2472 Records, Mt. Wilson State Hospital
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	Page 4 ma Page 4 ma TO FUNERAL director, p should be f	23a. BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMDYAL (Specify) 7/23/66 MT. OLIVET
		24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
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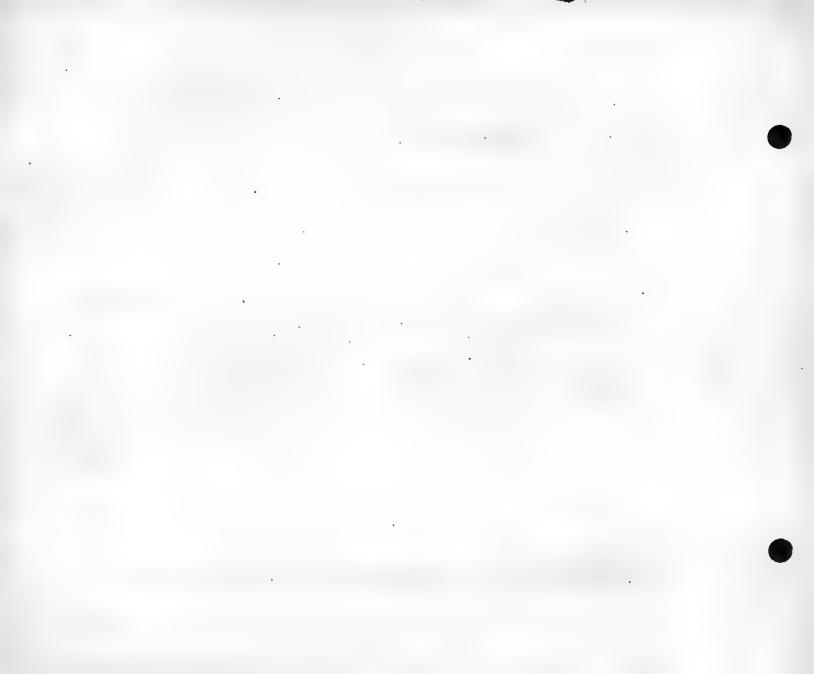


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ral may AL 1 pag e fill	22c. PHYSICHAN'S 22d. ADDRESS	
NER Id by	WON JU HAHN, M. D. VA HOSPITAL, FORT HOWARD, MAR	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -09452 CERTIFICATE OF DEATH death. constitute be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH b. COUNTY Baltimore p. COUNTY a. STATE Maryland Baltimore MARYLAND b City OR TOWN (If outside corporate limits write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 0ella Fort Howard d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 911 Oella Avenue Veterans Administration Hospital NO IX YES 3 NAME OF 4. DATE Erst Middle Manth Dov Year DECEASED JULY 10 19 66 EASTON RALPH K DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Manths Davs Hours 3/29/08 White WIDOWED DIVORCED Male 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** Ellicott City, Maryland Carpenter Construction 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MUSGROVE ZADOC A. EASTON MINNIE 16. SOCIAL SECURITY NO. 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, na, ar unknawn) (If yes give war ar dates of service)
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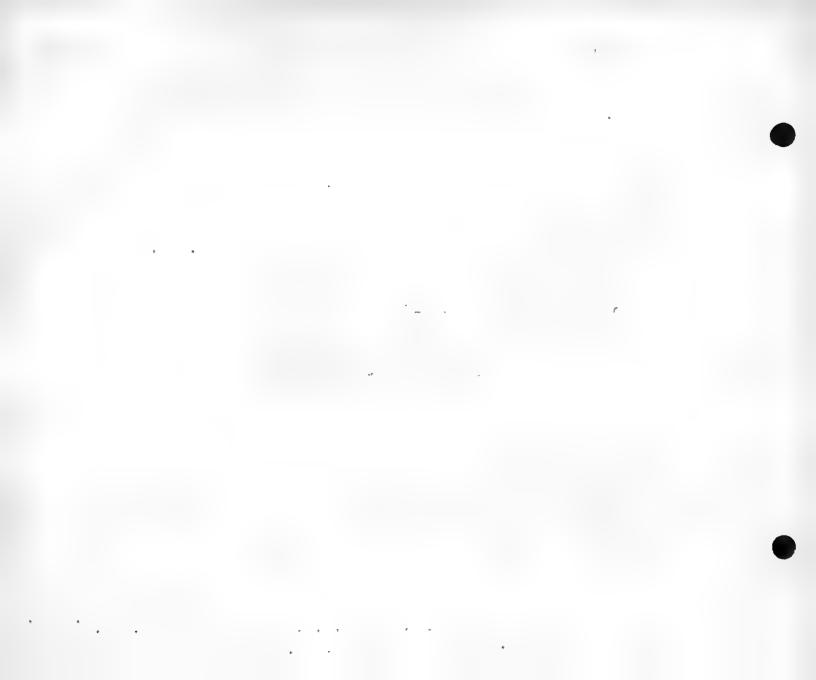


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			62	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
		AI5 (4) W 1/65	B	<	Taley - Carmany C. F. Cottowill	Med. DATE JUL 8 1966 Icharles Just	age_
	201	vi 1/00	,				_



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09454 CERTIFICATE OF DEATH 24 hours after death. degath physician and campletely filled in by the funeral ten blacks. Pages 1, and ten blacks and a minimized bear after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY BALTIMORE MARY, AND haurs aft CITY OR TOWN (If outside corporate imits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give negrest town) 940 ve carbon papers. event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? NO law requires that the death certificate be executed within Carolin'e Eldridge 3. NAME OF Month Doy Year DECEASED 196 DEATH (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 1 1 Ayrs 100 JSUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR 11 8IRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY ?Q. INDUSTRY Frederick Co. 14. MOTHER'S MAIDEN NAM 13 FATHER S NAME or remova 16. SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Linknown.) (If yes give wor or dotes of service) 5-10-7611 crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congestive heart disease IMMEDIATE CAUSE (o) the haspital or attending physician. 4200 DUE TO burial, Arteriosclerotic heart disease Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse use as the lath priar tak this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health Heat exhaustion YES 🖭 NO 百百 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Hour o.m. While Not While ot work ot work Page 4 may be retained by 19 40, to July 21. I certify that M (this haspital) attended the deceased fram 19.66, that (I) (we) last and that death accurred at 9. P.M. from causes and on the date stated above. saw the deceased alive an Third TO FUNERAL DIRECTOR: 22o, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS director, page shauld be filed **ADDRESS** 22c. PHYSICIAN'S NAME (Type) Spring 23b. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATOR 23d LOCATION (City or Town) (Stote) BURIAL CREMATION (County) REMOVAL (Specify) ed 6 1966 Mt.Zion E.U.B 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/60

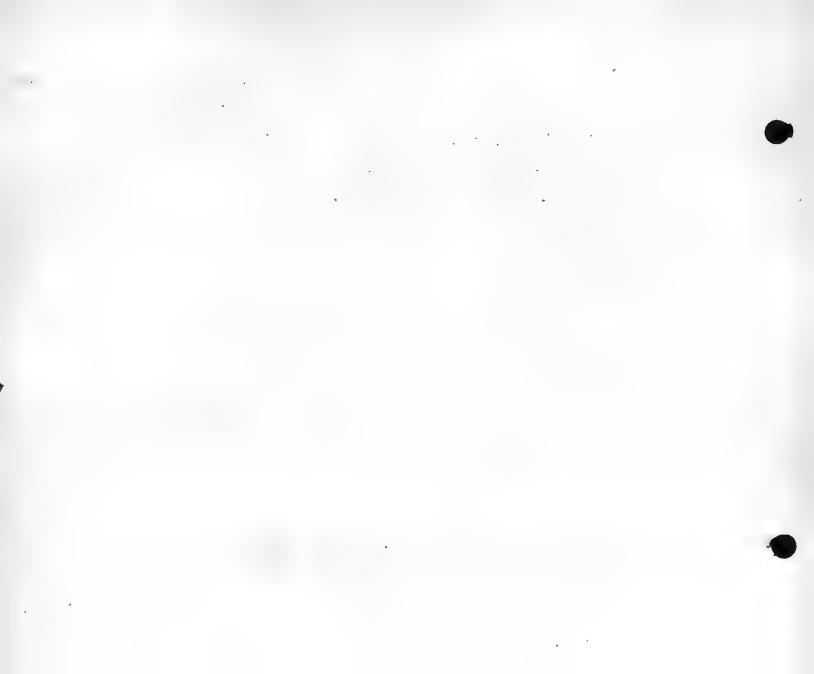
MARYLAND STATE DEPARTMENT OF HEALTH



1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- (IVI)	OSASS CERTIFICATE OF DEATH
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s af by ti Pager irs al	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)
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within pletely arbon p	3. NAME OF GIFTST MIDDLE Last 4. DATE Month Day Year DECEASED
nted w compl ve car event,	(Type or print) Bankares M. Existen DEATH / 1966
executed within 2 n and completely fill r remove carbon pain any event, within	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Hrs. last birthday) Months Days Hours Min.
e be essician sician and in	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fireign country) 12. CITIZEN OF WHAT COUNTRY?
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rtifica ing ph him moval	Thethert Karr Tuknown
death certificate a stending physical permits ham ple	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((fyes give war or dates of service)
the att	no 407-16-3007 Robert Eyeven 272 Millrook Kood
y th	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), end (ch) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
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physical series of the series	Conditions, If any, which (b) (b) (Mghhim) Heart failling (b)
I law requires that the attending physician. has been signed by the se as the burial-transit in prior to burial, cremat	cause (a), stating the underlying cause last. (c) Carcino ma (Sigmaid Can.
he law or atten te has use as	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAC DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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ICIAI ospil cert hed it. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS the h this detac e Dep	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bldg., etc.)
DING of by After d be of State	
25 22 25	21. I certify that (I) (this hospital) attended the deceased from 7 - 3 , 1966, to 7 - 1966, that (I) (we) last saw the deceased alive on 7 - 1966, and that death occurred at 222M, from the causes and on the date stated above.
. W € 5-	22a. SIGNATURE 22b. DATE SIGNED
	22c. PHYSICIANS ATTENDING MED. PHYS. TO 7-11-66
E 4 2	NAME (Type) ANTONIO R. WARA DC. 6H
O HDS Page O FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
	Musial 7-15-66 Trozaopolis Comeley Covaopolis Pa 24., FUNERAL DIRECTOR ADDRESS 1258. PECID BY REGISTRAR 1/250. REGISTRAR'S SIGNATURE
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20M 1/65	Randadhi Imm



1(%)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	LAND
E 1802	CS45S CERTIFICATE OF DEATH	454
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7 tillell in by papers. Pag		. IS RESIDENC DN A FARM?
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executed within and completely fremove carbon p	3. NAME DF First Middle Last 4. DATE Month Day DECEASED (Type or print) FENNELL MALE DEATH 7 10	Year 1966
uted com ove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR last birthday) Months Days	Hours Min.
a∎d remo	MALE NEGRO WIDDWED DIVORCED 7-10-66 yrs.	1 15
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entif The line	JAMES JOHNSON	
th c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
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The law requires that the death certificate be or attending physician, cate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal and	- IMMEDIATE CAUSE (a) 11 eningalete Large.	RVAL BETWEEN ET AND DEATH
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CIAN Spit Certi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YE 2Da. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
NG PHYSI by the ho fter this be detach State Depi	20c. TIME OF INJURY Month, Day, Year Add INJURY OCCURRED County) Hour a.m. p.m. 19	(State)
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ATTENDII retained CTOR: Ai should vith the S	saw the deceased alive on, and that death occurred atM, from the causes and on the date	e stated above
OR A be re see 3 see wife ed wife	22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR D	INED
TO HOSPITAL OR ATTENDING F Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be c	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
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Pa P	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (SPECITY) JULY 14 1966 SEATER PAITMENT MEDICAL (TR. 67C) N. BALTINICKE MAKY	(State)
The state of the s	24. FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGN	
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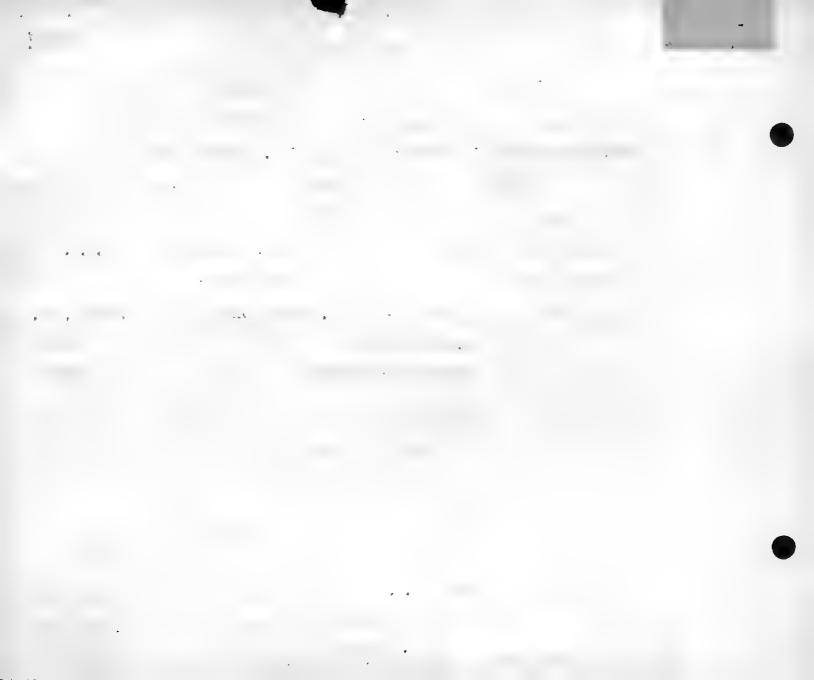
1	-	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		09457 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 49455
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	1	3. COUNTY Baltimore Baltimore
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Is the the See See See See See See See See See S		d. Name of Hospital or Institution (Most in hospital, gwestweet eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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er deat live Pag with with and 2	TO: dui	a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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within 2 pencil in niner's C permit.	{Y	6. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1 Harford 1923 Harford William H. Fiege 3rd 1231 Harford
within pencil i miner's permit.		18. CAUSE OF BEATH [Enter only one cause per line for (e), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND GEATH
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the the use to !	ICAT	YES NO PO-
This certiff, writing warded to thould be thould be the thirty be the th	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 1 of Item 18.) PRIMARY O CONTRIBUTING CAUSE OF DEATH.
R: This ate, wr forward forward 3 shoul agent, p		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
cate, for 3 s	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)
AL EXAMINE: the certification of the certification	Z	p.m. 19 at work
EXAM e cert hould iles. OR: Pa		death resulted from: Natural causes 4, Accident , Suicide , Homicide , Undetermined manner
EDICAL E. Cute the age 4 short your file DIRECTOR		CHIEF MEDICAL EXAMINER
ry Medic execute Page I for you tal DIRE		ACTUAL M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED OFPUTY MEDICAL EXAMINER () 7/3///
D DEPUTY MEDICAL please execute th director. Page 4 refained for your O FUNERAL DIRECT of Health or its d		EXAMINER'S P. 17. FRANCE Address (Street, city, town, or county)
O DEPUTY please e director. retained O FUNERA of Health	23	REMOVAL (Specify)
Past Past		burial 8-3-66 Parkwood (emetery Baltimore, Ma.
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3500 4-64	J	Leonard J. Ruck Inc Baltimore, Md. DATAUG 2 1960 J



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE 6. COUNTY 10 CL and 2 death. Baltimore MARYLAND Murulana b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) within 24 write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address d. STREET ADDRESS a. 15 RESIDENCE ON A FARMI 150 Longview Drive Longview Drive YES NO Dabers. 3. NAME OF 4. DATE Yası Middle Month DECEASED (Type or print) MADDALENAFTORIICC1 DEATH June 11.1966 19 withi carbon 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED IF UNDER 24 HRS 9. AGE (In years | IF UNDER I YEAR and Months Hours female WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stets, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) Hutzler Bros. ItaluUSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Benedetti Elisa Troiani 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMAN Address (Yas, no. or unkown) | (If vesqiva war ordatas of sarvice) Oliver Fiorucci Longview Dr 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Carlengma Conditions, if any, which gava risa to immediata ceusa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPS'S 88 CERTIFICATION PERFORMED? NO -YES I 20s. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury to Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) Month, Day, Year ō While factory, streat, office bldg., etc.) Not While at work at work 1943, to Ault 11 , 1966, that (1) (we) last saw the deceased alive on...... 22a. SIGNATURE 22b. DATE ATTENDING SIGNED eth. Page 4 HOSPITAL PHYS, DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) OFB REMOVAL [Spacify] 14.1966 New Cathedral Cemt. Baltimore. Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 36 Edmandson VR A15 (4)5 20M 5-63

MARYLAND STATE DEPART





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY retely filled in by the further than papers. Pages 1 at within 72 hours after d b. COUNTY Baltimore Marykand MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in ! Baltimore Baltimore 21218 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? St. Joseph Hospital 1712 Abbotson St. YES NO NO executed within completely carbon 3. NAME OF Middle Month DECEASED Mary (Type or print) Fisher DEATH 1966 July remove n any eve 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. March 19, 1876 WIDOWED X Female nding physician at Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be during most of working life, even if retired) Maryland Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending bh Harriet Jones Hamilton Francis U. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Charles R. H. Fisher - 9108 Smith Ave. -2123 cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crematen and the state of the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYNICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Congestive heart failure secondary to myocardial infarction due to coronary thrombosis. **DUE TO** Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Early gangrene of right lower extremity due to arteriosclerosis. YES X 208. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year i 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. While Not While p.m. at work at work 1966 to July 8, 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from July 2. 19 66, and that death occurred at 8:05M, from the causes and on the date stated above. saw the deceased alive on July 8. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR July 8. 1966 22d. ADDRESS PHYSICIAN'S NAME (Type) awrence Misanik, M.D. York Rd., Baltimore, Md. 21204 BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 234. LOCATION (City, town or county) Mount (armel (emetery 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Miller Inc-6415 Belair Road-21206



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town; 24 hours Baltimore 21213 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 2216 Lake Ave. St. Joseph Hospital YES NO executed within completely ve carbon NAME OF Last Middle DATE Month **OECEASEO** event. Martin Flaig 19 66 (Type or print) Joseph DEATH July 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS. remove last birthday) Months and in any April 20, 1908 White Male WIOOWED [DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease þe Balto.City Police E C Baltimore Officer Maryland death certificate 75 13. FATHER'S NAME attending phy ermit. Then p n. or removal, 14. MOTHER'S MAIDEN NAME Louis Flaid Agatha Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address (Yes, no, or unkown) , (If yes give war or dates of service) 216-05-7597 Ruth Amrhein Flaig, wife, a bove 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a) Acute coronary thrombosis. n signed burial-tran burial, cre DUE TO Conditions, If any, which been gave rise to immediate まる **DUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use e Dept. of Health PERFORMEO? certificate YES X NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work July 25, 1966 that (1) (we) last plnous 1906 21. I certify that the (this hospital) attended the deceased from... saw the deceased alive on July 25. and that death occurred all :05M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIR page ATTENDING STAFF PHYS. OIRECTOR [July 25, 1966 HOSPITAL FUNERAL PHYSICIAN'S 22d. AOORESS director, p should be NAME (Type) Reynaldo Orjuela-Gomez. M. D. 7620 York Rd. Baltimore. Md. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) REMOVAL (Specify) 7/29/66 Balto. Nat. Cem. Baltimore. Burial 24. FUNERAL DIRECTOR Schimunek REGISTRAR'S SIGNAT AY REGISTRAR DESC 25a. Funeral Home. 3331 Brehms Lane VR AI5 (4) DATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09462 CERTIFICATE OF DEATH ond 2 deoth/ The low requires that the death certificate be executed within 24 hours after death by the ottending physician and completely filled in by the funeral ransit permit. Then places remove corbon papers. Pages 1 and cremation, or remove, and in any event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss an) PLACE OF DEATH o COUNTY b. COUNTY Baltimore Prince George MARYLAND c CITY OR TOWN (If outside corporate mits, write RURAL and give negrest town) b, CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town Mt. Rainier, Maryland 2vr9mth2dvs d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARMS 3613 Eastern Avenue SPRING GROW HOSPITAL STATE YES 🗍 NO 3 NAME OF Middle 4 DATE Month Year DECEASED (Type or print) Timothy Robert Fogle July 15 DEATH F UNDER 1 YEAR JE JADER 24 HRS S SEX DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED ost burthdoy) Hours male White May 22, 1900 DIVORCED IK WIDOWED 10o USUAL OCCUPAT On (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia painter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Simon P. Fogle Susanna Good 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 579-07-9941 Records: unknown STATE HOSPITAL SPRING GROVE 1B CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))
PARY I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (b) ATTACA NTERVAL BETWEEN ONSET AND DEATH burial-transit **DUE TO** signed ! Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been use os the loth prior to l ottending 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO PC by the hospital or ō 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20¢ TIME OF INJURY Month, Dov. Yeo: 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work at work 15 19 66, that (1) (we) last 2). I certify that (this hospital) attended the deceased fram. Oct. 9 be retoined July 1966 and that death accurred of M, fram causes and on the date stated above. saw the deceased alive on_ DATE SIGNED 22o. SIGNATURE frella ATTENDING 7-15-66 M.D. director, page should be filed STATE HOSPITAL 22c PHYSICIAN'S Stella Wachsler. M.D. NAME (Type) Bal timore, Maryland 21228 723b DATE THEREOF NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. LOCATION (City or Town) (County) (Stote) 25b. RESISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



The state of the s	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEVETH DELL	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
Sary John John John John John John John John	13ALTO MARYLAND STATE MARY Cancle COUNTY BALTO
or.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
2 20 2 2 2	BALTO Bural-Carney 4 yrs BALTO Reval Carney
di di	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give free! address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
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- in (v)	3. NAME OF DECEASED (Type or print) A FOFT) FORSTER OF DECEASED (Type or print) FORSTER OF DECEASED (Type or print)
- 0 m ± 0	7/2/2010
death d 3 to ay b with 72 h	S SEX 6. COJOB OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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Ø 5 € 5	done during most of working life aven if mired or business or industrial in Birt Invact (Siste or foreign country)
hours ages 1 3. Rag ges 1	11.10/m/ CO 12.00 14 ()
2 2 2 2	V. + F
.⊑ iŠ ∈ .≘ iš	15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NOW 17. INFORMANT Address
	(Yes, no, er unkown) [Ifyasgivewarordatesofaervice)
ecuted vin Item 1 ng with sit perm	10 Carrier on Desire II.
	PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A There selecular Caused To sever 1 interval between ONSET AND DEATH IMMEDIATE CAUSE (a) There is no control of the con
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ould b 'in per Office burial-	National Control of the Control of t
should be be only	geve rise to Immediata cause
rtificate shu "pending" xaminer's used as a usednation	(a), stating the underlying DUE TO
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is ce cord is libe	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS NO CONTRIBUTING CON
Th we edic	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Pert II of item 18.)
S S A S A S A S A S A S A S A S A S A S	
MIN Chie	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour a.m., While at work a
X.A. w. the the Part, Part	Hour a.m. While Not While factory, street, office bldg., etc.]
Ticat Figure of Page o	21. I certify that I took charge of the remains described above, held an Autopsy
IEDICAL the certific invarded to DIRECTO	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
EDI War Sign	CHIEF MEDICAL EXAMINER
of Tor	ACTUAL DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
XX X X X X X X X X X X X X X X X X X X	EXAMINER'S DEPUTY MEDICAL EXAMINER 7-27-66
O DEPUT TEDICAL EXAMINER: This ce please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial	NAME (Type) / S O H / V C / FT 9 / Address (Street, city, town, or county)
O 2 4 O E O	IEMOVAL (Specify)
H - H - (2)	130 POPE 1-30-44 MORE NORIN TK 1 14 / TO NO 23, FUNERAL DIRECTOR O ADDRESSE D 248. REC'D BY REGISTRAR'S SIGNATURE
VR AISME	23 FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE DATE AUG 2 1956 JULIANE JULIANE
, SM 1/63	1 DATE AUG L 1900

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09464 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY **G** STATE b. COUNTY ond 3 to aŧ Baltimore MARYLAND Keryland

C CITY OR TOWN (1 outside corporate limits, write RURA, and give nearest tawn) b CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) c JENGTH OF STAY IN 16 00112 Oalla. 0 = -1 d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Oella Ave 705 Oella Ave YES 🔲 NO T be executed within 24 haurs after death. 3 NAME OF Day Year within 72 DECEASED July (Type or print) DEATH ERNEST CT. TET ON FOSTER S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF RIRTH last birthday) Hours White WIDOWED DIVORCED May 22,1875 event Mala 10a USUAL OCCUPATION (Give kind of work done TOP K ND OF BUSINESS OF 12 CITIZEN OF WHAT or fare during most of working life, even if retired) INDUSTRY COUNTRY? AUD Vi carioria 14. MOTHER'S MAIDEN NAME poges In any Retired Woolen Wills 13. FATHER'S NAME Grafton Foster Unknown <u>e</u> pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war or dates of service) or removal. James A. Foster, Oella, Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o)

THE TO DUE TO

Crudes Verseular disease NTERVAL BETWEEN ONSET AND DEATH This certificate should writing the word used as o bunal tra bur al, cremation, rise to immediate cause (a). DUF TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART 1 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) NO NO p 200 EXTERNAL CAUSE WAS 20b DESCR-8E HOW INJURY OCCURRED (Enter nature of in any in Part I or Part II of Item 18) designated agent, prior PRIMARY G or CONTRIBUTING G **EXAMINER:** CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (State) (Caunty) Hour c.m. factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page While Nat While at work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection M. Inquiry 💢, and in my apinian death resulted fram: Natural causes [] Acc dent Suicide 🗍 Hamicide Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE # the funeral O DEPUTY DEPUTY MEDICAL EXAMINER 5 moy 10 FUNE Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) 8-3-1966 Red Bud Winchester, Va. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR & 2So REC D BY REG STRAR Miarley Judge VR A15ME (5) C. Higinbothom Elliwott City Mil. 6M 1/66



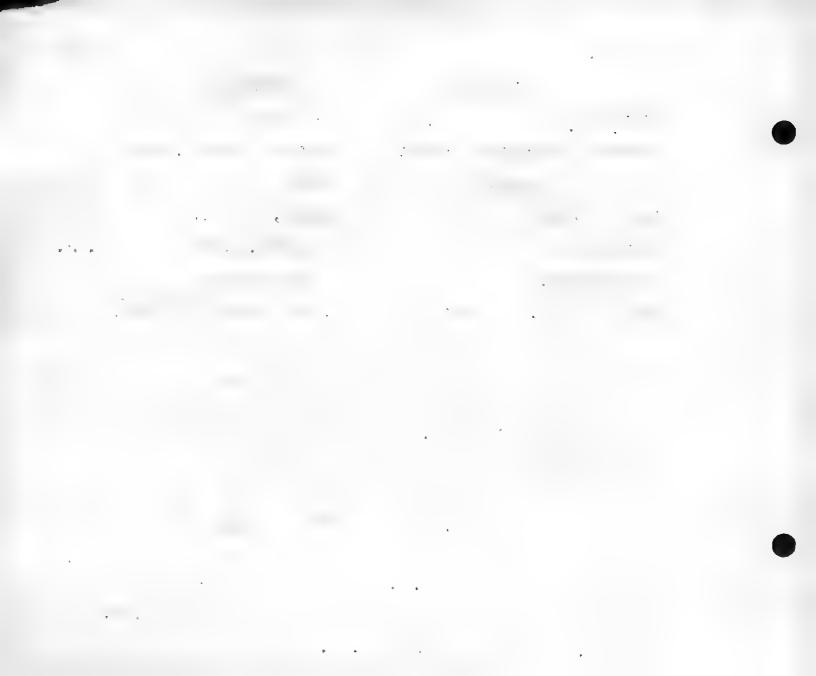
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09465 and 2 The taw requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Balto MARYLAND b CITY DR TDWN (If outside corporate Limits. CLENGTH DE STAY IN 16 (If outside corporate limits, write RURAL and give pearest town) write RURAL and give nearest town) d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3409 Offutt Rd. YES NO L 3 NAME OF M.ddle Lost 4 DATE Month Doy Year rırs OF DECEASED 1966 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years physician and compl hen please remove c S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months lost birthdoy) Dovs 9/8/1881 WIDOWED DIVORCED ar remayal, andiginam 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or foreign country) during most of working ife, even if ret red)

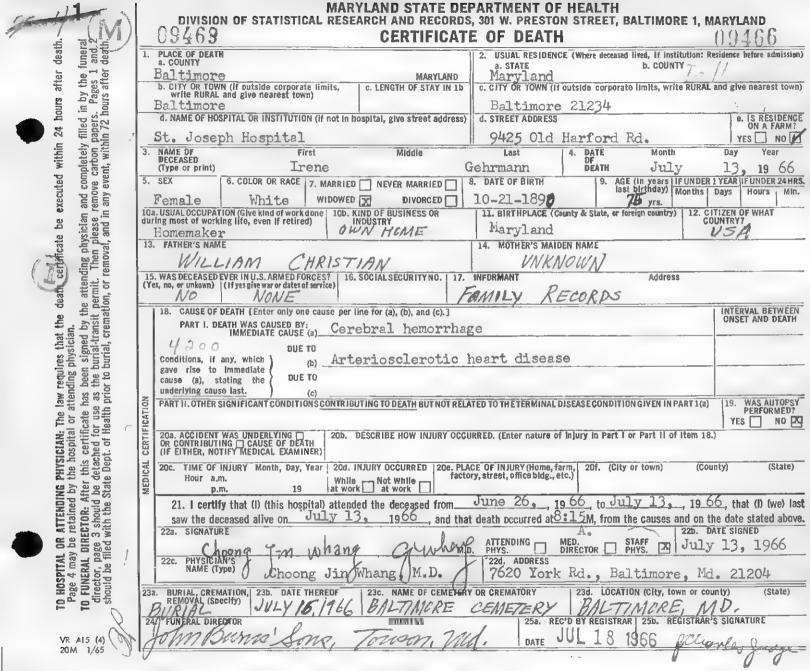
Retired Pipefitter COUNTRY? INDJSTRY Mt. Clare Shops Baltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Hugh Bex IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY ND Address Fex-3409 Offutt Rd. Randalls 705-05-0993 cremation, 18 CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY-ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) þ Page 4 may be retained by the haspital ar attending physician DUE TO signed | Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT/NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o Health 1 YES NO 20o ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) 20d. INJURY DCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this hospital) attended the deceased fram. , 19___, that (I) (we) las 19 ____. ta_ and that death accurred at_ M, fram causes and on the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL FUNITAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 4300 Old Frederick Rd. New Cathedral 166 9 Burial .. ADDRESS 2So. REC'D BY REGISTRAR 1966



1	MARYLAND STATE DEPARTMENT OF HEALTH				
The same	2		DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT	6, 301 W. PRESTON STREET, BALTIMORE 1, MAR E OF DEATH	09463
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24 in by			write RURAL and give nearest town] Towson 32yrs	Catonsville	7
ages aff			I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Pour Pour			Stella Maris Hospice	421 Overbrook Rd	Dev Yeer
cute plet		J.	DECEASED	OF DEATH 7/27/66	19
exe com on p		5.	ELLA G Franz	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
and and carbo			WIDOWED D VORCED	7/9/1878 last birthday Months Di	ays Hours Min.
ficate cian ove even			USUAL OCCUPATION (Give kind of work oduring most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
physic se remo			OUSEWI fd FATHER'S NAME	Baltimore, Md USA	
d din dea)	15	Nicholas K. Bevan WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Mary A. McCafferty	_
afte Then		(Ya	, no, or unkown) ((Ifyesgive war or dates of service)	rs. Charles Blair 421 Overbrook R	d Cobboard 11
an. y the niit. remo		1	18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	rs. Thartes brain 421 Overbrook 1	INTERVAL BETWEEN
ysich ysich ad ba perr perr			PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE .a) Justice intention	mal Bleeding cause Undetermine	4 days
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the har the his ce		CERT	20%. ACCIDENT WAS UNDERLYING] 206. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18)	
DING led by After t stached of Heal	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I While Not While at work 19 at work 19	PLACE OF INJURY (Home, farm. 20f. (City or town) (Count fectory, street, office bldg., etc.)	ly) (State)	
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P P P P P P P P P P P P P P P P P P P			saw the deceased alive on7/30/6619 and the	nat death occured au:05MMfrom the causes and on th	
E SE			22a SIGNATURE	M.D. PHYS. DIRECTOR THE PHYS.	22b. DATE SIGNED
TAL See see	1		222. PHYSICIAN S NAME (Type) T.L. D. R	22d. ADDRESS	21/00
NEINEI	- /	_	wm. B. Wever, M.D.	1020 St. land St.	21202
death.	R	230	BURAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER REMOVAL SPORTS S	ex or crematory 23d. LOCATION (City, town or county)	- 29 31 8
VR A15 (4)	to	24	FUNERAL DIRECTOR'S SIGNATURE 7 7 2 ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
15M 9/60	il	1	ung 12 yers old Brandetell	etizene DATE AUG 2 1966 foliar	les Judge









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signed by

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DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) a COUNTY a. STATE Baltimore b. COUNTY ay is 3 ta Page Md. Balto. MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) C JENGTH OF STAY N 16 c CITY OR TOWN (If autside carporate limits, write RURA, and give nearest tawn) P.M3. partm after Upperco Upperco d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d: STREET ADDRESS e. IS RESIDENCE Pe haurs alang with farm ON A FARM? Dark Hollow Road Dark Hollow Road Give Pages ate NO F 3. NAME OF -rst Middle 4. DATE . Month Lost DECEASED 27, July James M. Goodwin 66 within (Type or print) DEATH 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE I'n veors IF UNDER 1 YEAR IF UNDER 24 HRS in Item 18 5 rindoy) Months haurs Male White Dec.25, 1885 WIDOWED D YORCED 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign cour y 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working te, even if retired) INDUSTRY COUNTRY? Illinois Engineer For Westenghouse in pencil ir Examiner 13 FATHERS NAME 14. MOTHER'S MAJDEN NAME be executed within Henry Goodwin Elinor Steele 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address rd "pending" in Chief Medica! { (Yes, no, or unknown) (fiyes give wor at dates of service) remayal 433-22-8974 Yes Mrs. Irene R. Goodwin Upperco. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion 0 IMMEDIATE CAUSE (a). used as a burial-trai burial, crematian, o This certificate shauld 4.401 writing the ward DUE TO Conditions, if any, which gave Arteriosclerotic C-V Disease 2 yrs. rise ta immediate cause (a), DUE TO stating the underlying couse last PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? the certificate, NO X YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. none MEDICAL 20f (City or town) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Hour om factory street, office bldg , etc.) may be retained out your While Nat While at work none 19 of work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X, Inquiry X and in my apinion Natural causes 4. Accident death resulted from: Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** D. D. Caples, M. D., 7-28-66 Health 6 Hanover Rdadges Redes trens town Md. NAME (Type) 23a, BUR AL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (Stote) REMOVAL (Specify)
Burial 7/30/66 All Saints Cemetery Reisterstown. Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. Eline & Sons Reisterstown, Md. VR A15ME (5) AUG Ochorto Jus 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09472 FOR STATE ... HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY p. STATE b. COUNTY oy is 3 to Page of o Department of us after death, Baltimore Maryland MARYLAND Baltimore b CITY OR TOWN (If outside corporate limits write RURAL and give notifies town) C. ENGTH OF STAY N Ib. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond V.S. auson d NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office along with form Stote [2 hour St. Joseph Hospital 1030 Kenilworth Drive □ NO YES 3 NAME OF Lost 4 DATE Doy Year DECEASED Robert 19 66 with the within Green DEATH IF UNDER 24 HRS S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED 非唱 8 DATE OF BIRTH NEVER MARRIED lost burthdoy) Months Dovs Hours White WIDOWED DIVORCED Male 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CIT ZEN OF WHAT duting most of working life even fretired) **NDUSTRY** COUNTRY? NEWY NASHVILLE TRNN. _ SALES MAWAGER A. I 13, 5, 4 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME MOREHEAD RSSIE KODERT GREEN and 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO MEGICAL EXAMINER: This certificate should be executed (Yes no grunknown) (Fyes give war or dotes of service) rd "pending" ir Chief Medical I 1030 KENIL WORTH removol, permit mps. Anita G. GREEN 21204 18. CAUSE OF DEATH (Enter only one couse per line-to-PART I DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (o) s a buriol-tro cremation, a e, writing the word forworded to the Ch DUE 16 Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying couse nsed (PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY h PERFORMED? please execute the certificate. YES NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of term 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d NURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) (Stote) 20c TIME OF IN. JRY Month Doy, Year Not While foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inqu'ry and in my opinian Natural causes death resulted Fam. Accident Suicide Hamic de Undetermined manner CHIFF MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** O FUNE Health Charles F. O' onnell. Address (Street, city, fown or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (County) REMOVAL (Specify) FOREST HILL CEMETERY CHATTAWOGGA 250 REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR

P1020

VR A15ME (5)

Wm. Cook-BROOK ! To wson Inc -



1	MARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
= = ~ [[]	C9473 CERTIFICATE OF DEATH	471		
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be a. STATE b. COUNTY j	fore admission)		
ges 1	Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)		
hours and in by rs. Page rs. Page rs. Page rs.	Baltimore 21221	1		
filled papers nin 72 h		IS RESIDENCE ON A FARM?		
		S NO Year		
executed within 2 and completely file remove carbon part any event, within	3. NAME DF DECEASED (Type or print) Thomas Griffin DEATH July 13.	19 66		
com com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR F	UNDER 24 HRS.		
executed n and con r remove in any ev	Male White WIDOWED DIVORCED JULY 13, 1906 yrs.	9 49		
be cia ase	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11b. BIRTHPLACE (County & State, or foreign country) 12c. CITIZEN OF COUNTRY? Rell timore, Maryland	WINI		
icate be physicia in pleas	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
ertiff	Richard T. Griffin Dorothy K. Crickmore			
requires that the death certificate ding physician. been signed by the attending physi the builal transit permit, Then ple or to burial, cremation, of comoval, and to burial, cremation, of comoval, and the comportant of comoval, and the comportant of comportant or the comportant or the comportant of comportant or the compo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)			
it the deal an. d by the al ransit perr	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	AL BETWEEN AND DEATH		
nat the cian. ed by ti transit , crema	PART I. DEATH WAS CAUSED BY: Respiratory Insufficiency ONSET	AND DEATH		
ifres that physician n signed burial-tra	DUE TO _Undetermined Cause			
require ding ph been s the bu	Conditions, If any, which (b) (b) gave rise to Immediate (cause (d) stating the DUE TO			
A S S S S S S	underlying cause last. (c)			
The law or atten cate has r use as ealth prid	YES	VAS AUTOPSY PERFORMED?		
PHYSICIAN: The law the hospital or atter or this certificate ha detached for use a ate Dept. of Health pr	203. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ING PHYSIC I by the hos offer this co	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 4	(State)		
大	p.m. 19 at work 1 at work 21. Leerlify that (I) (this hospital) attended the deceased from July 13, 19 66, to July 13, 19 66, that	(i) (we) last		
ATTENDI retained CTOR: A should vith the	saw the deceased alive on July 13. 19.66, and that death occurred at 11. AM, from the causes and on the date of	stated above.		
OR A De ra Se d wi	22a. SIGNATURE 1. 4. D. M.D. ATTENDING MED. STAFF July 13, M.D. PHYS. DIRECTOR PHYS.			
	22c. PHYSICIAN'S 22d. ADDRESS			
HOSPITAL age 4 may FUNERAL irector, pa	1020 TOTA TWO DATELINOTE, PAGE CA			
Page Page direct	23a. BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)	(State)		
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	URE		
VR AI5 (4)	Wm.Cook-Brooks, Inc. 1217 St. Paul Street DATE JUL 15 1966 pilonles	Judge		
20M 1/65	6-1954			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution, Residence before odmission) b. COUNTY Baltimore o COUNTY o STATE Page Maryland d, death. Baltimore MARYLAND b CITY OR TOWN (I outside corporate limits write RURAL and give nearest lawn) c CITY OR TOWN (If auts de corparate limits, write RURA, and give negrest town) c LENGTH OF STAY IN 16 puo after Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital alve street address) e IS RES DENCI d STREET ADDRESS tate Deg hours Item 18. Give Poges 1, Office clong with farm ON A FARM? 7822 Northwind Road #34 YES NO THE St. Joseph Hospital hours ofter death 3 NAME OF First lost DATE Month the Sto Dav Year DECEASED OF GRIMM (Type or print) WILLIAM E . DEATH July 66 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRLH 9 AGE (n years 7 MARRIED NEVER MARR ED last bythday) Months Hours Dovs Male White WIDOWED DIVORCED event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT during most of working life, even if retired) in pencl in l Exam ner's (Maruland U-employed 13 FATHER'S NAME IA MOTHER'S MAIDEN NAME This certificate should be executed within Alberta Strok lliam Eugene Grimm Sr. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI Address rd 'pending' in Chief Medicol E or remova Family records no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Electrocution IMMEDIATE CAUSE (o). used as a burial-trai burial, cremation, o writing the ward DUE TO Conditions, if ony, which gove nse to immediate couse (a). DUE TO stating the underlying couse YES A NO PART II OTHER SIGN F CANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(c) the certificate, 200 EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port I of Item IB.) CAUSE OF DEATH Contacted defective pump motor 3 20c TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED a 20e PLACE OF INJURY (Home form, 20f (City or town) Swimming pool moy be retained for your FUNERAL DIRECTOR: Poge E Baltimore Maryland July 17,39 66 ot work 3 of work 21. I certify that I taak charge of the remains described above, held an Autopsy K. Inspection [inquiry and in my apinian death resulted fram Natural causes Accident X Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER X ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY July 18, 1966 Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) 400 REMOVAL (Specify) Dulaney Valley Memoria ockembille 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 3 1966 John Burns Sons Funeral Home VR A15ME (5) 6M 1/66



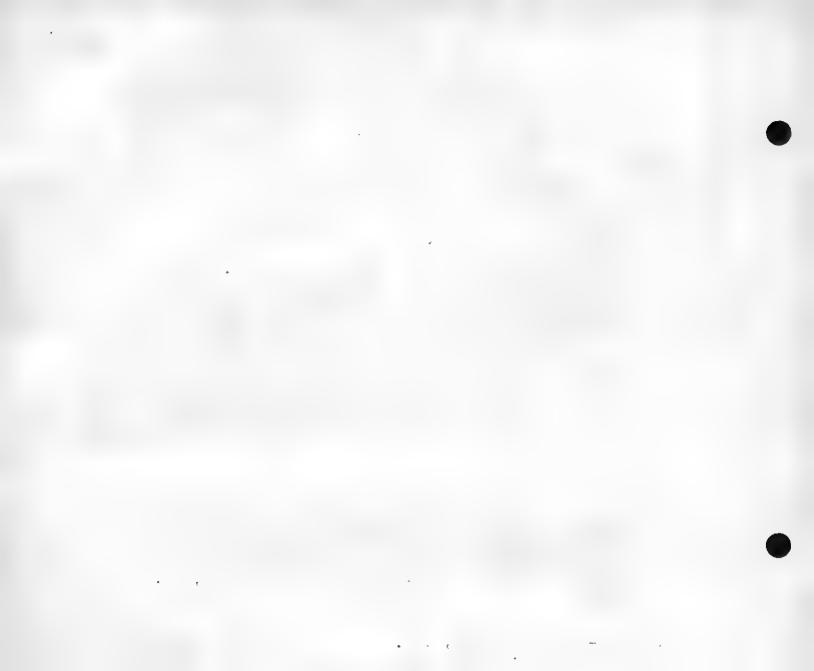
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY h COUNTY 3 to Page Baltimore Marv1and MARYLAND deloy b (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest tawn) c JENGTH OF STAY IN b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2, a. PM3. Baltimore rural - Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RES DENC ON A FARM? Give Pages 1, along with farm Falls Road at Ivy Church ND ofe 3509 Ashe St. 3 NAME OF Middle 4 DATE First Month Year the Ston OF DECEASED 30 19 66 July **JAMES** WILLIS GRISSOM (Type or print) DEATH IF UNDER 1 YEAR 9 AGE (n years IF UNDER 24 HRS S SEX 6 CDLOR OR RACE 7 MARRIED NEVER MARR ED 4 pst birthdoy) Hours male caucasian in Item 18 **A DOWED** D VORCED event and 12 CITIZEN OF WHAT 10p USUA, OCCUPATION (Give kind of work done 10b KIND DE BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY MT. VERNONMILL 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil gud 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY ND be executed (Yes, no, or unknown) (If yes give war or dates of service) permit, 777-26-3303 removo MARGARETGARISSON 3509ASH ST. VE5 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY. CAUSED BT. IMMEDIATE CAUSE (o) Multiple traumatic injuries 5 word This cert ficate shauld cremation, DHE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying couse SD burial, a nsed PART IL OTHER SIGNE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (O). 19 WAS AUTOPSY PERFORMED? YES ND 200 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b. DESCR.BE HOW .NJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) driver of auto into fixed object CALISE OF DEATH 20d NURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (State) foctory, street, office b dg , etc) 12:00 hoon 7/30 Whe of work of work 19 66 may be retained for your FUNERAL DIRECTOR: Poge Baltimore, Md. 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [Inquiry . and in my opinion deoth resulted from: Notural couses Acrident 3. Suicide . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/31/66 Ö DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Heolth Charles S. Petty NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 230 BURIAL, CREMATION. 23E NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) ((county) (Stote) BALTO, MU. 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR VR A15ME (5) 6M 1/66

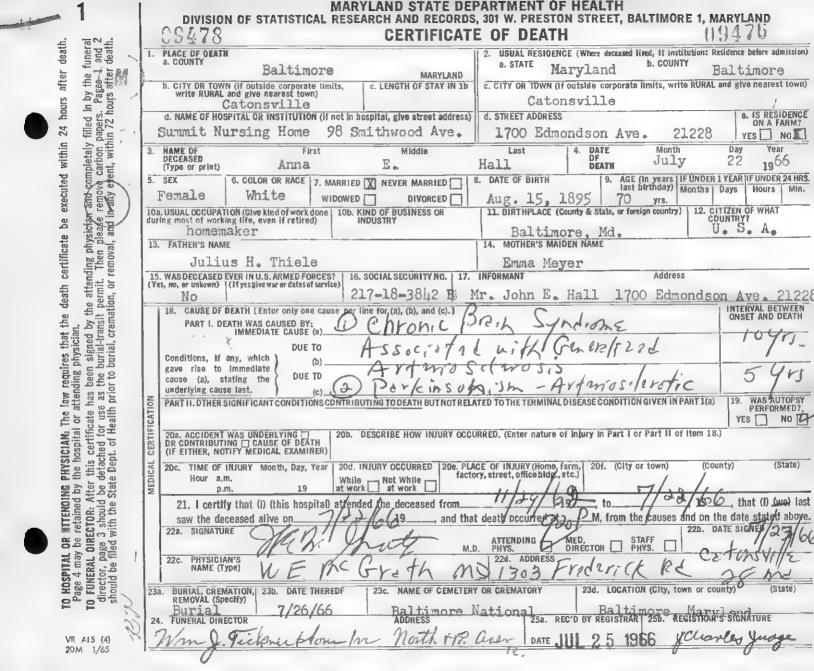


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09476 he law requires that the death certificate be executed within 24 haurs after death. by the attending physician and campletely filled in by the funeral transit permit. The places famore carban papers. Pages Land cremation, ar removal, and it any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before agmission) o. COUNTY o STATE **b.** COUNTY Baltimore Maryland Baltimore
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Baltimore 12 Baltimore 12 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 6823 Blenheim Road 6823 Blenheim Road YES NO DE 3 NAME OF Middle 4 DATE Ferst Last Month Year DECEASED Arthur Haggett 30 19 66 Raymond July DEATH (Type or print) IF UNDER I YEAR S SEX 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE lost birthday) Months 4/28/1903 WIDOWED [DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Retired-Exec Sec. Eastern Trans Co Baltimore, Md. Eben Raymond Haggett
WAS DECEASED EVER IN U.S. ARMED FORCES? 16 Susie Clark 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) 229-11-3163 Mrs. Miriam M. Haggett (Same) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Acute hemorrhage IMMEDIATE CAUSE (a) DHE TO Conditions, if ony, which gove Bleeding Esophageal varices several rise to immediate couse (o), years DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the lift Health prior to t Cirrhosis of Liver 16 years WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) MEDICAL CERTIFICATION No YES . NO T 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory street, affice bldg , etc.) While Not While at work 21. I certify that (1) (this hospital) attended the deceased from 1918, 19 to 7-30, 1966, that (1) (we) last saw the deceased alive on 7-30, and that death occurred at 4:30M, Mich causes and an the date stated above , 19<u>66,</u> that (1) (we) last 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 8-1-66 DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. Alberto J. Diaz 600 W. Belvedere Ave. 230 BUR AL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) Pikesville, Baltofo., Md. 0 Druid Ridge 24 FUNERAL DIRECTOR H. W. Jenkins 25a. REC'D BY REGISTRAR & Sons Co. DATE AUG Baltimore



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
	C9477 CERTIFICATE OF DEATH	75
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY a. COUNTY b. COUNTY	before admission)
	Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give	e nearest town)
	Towson 4, Maryland 325 days Phoenix, Maryland	, IS RESIDENCE
		ON A FARM? ES NO K
	3. NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) Albort T T DEATH Told DEATH	Year 10 CC
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR last birthday) Months Days	19 66 FUNDER 24 HRS. Hours Min.
	male white WIDOWED DIVORCED Jan 11, 1884 82 yrs.	DE WHAT
	during most of working life, even if retired) Accountant Ret// Baltimore, Maryland U.S 13. FATHER'S NAME	.A.
	William Hall Nellie E. Evans	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) NO Dulaney Towson Nursing Home, 111 Wes	t Road
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Condition of Carcinera of the Carynix ON THE CAUSE (B) Condition of Carcinera of the Carynix	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO underlying cause last. (c)	
e.l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED? S NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(State)
	21 I certify that (1) (this hospital) attended the deceased from table 2 1960 to ground 1960 the	at (I) (we) last
	saw the deceased alive on My 8 1900, and that death occurred at 125 M, from the causes and on the date 22a, SIGNATURE 22b, DATE SIGNATURE	e stated above.
)	22c. PHYSICIAN'S M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1	
ł	NAME (Type) Henry McCorkle Jacksonville, Md.	
	238. BURIAL CREMATION, 23b. Date Thereof REMOVAL (Specify) 7/28/66 Lorraine Park 23d. Location (city, town or county) City	(State)
	24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. ADDRESS Inc. DATE AUG 1 1966 Iclianley	_
	6500 York Rd. 21212 DATE AUG 1 1960 Kurancey	A







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09473 death. The law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please, remave carban papers. Pages I and burial, cremation, or remaval, and in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Baltimore Marvia nd Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest towe) lvr5mth12dvs Pikesville, Maryland S RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 806 Cliffedge Road SPRING GROVE STATE HOSPITAL YES NO 🗸 3 NAME OF First Middle 4 DATE Last Manth Day Year DECEASED (Type or print) Harper July Richard Wendall 66 19 DEATH IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** 18 birthday) Manths Doys Haurs Feb. 18, 1888 mala white WIDOWED 10a USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Rose Harmstein Frank 15 WAS DECEASED EVER WU.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war or dates of service)

Army W.W.I 17. INFORMANT 16. SOCIAL SECURITY NO. Address Records: SPRING G ROVE STATE unknown HOSPITAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (o) 4 dd-1 DUE TO Arteriosclerotic cardiovascular disease Canditions, if any, which gave rise ta immediate cause (a), DUE TO aftending p stating the underlying cause has been last. 19. WAS ALTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health Pneumonia NO 🔼 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 200. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, office bldg., etc.) the deceased fram Jan. 23 , 19 65a July 5 , 19 66, that (1) (32) last 19 66, and that death accurred at \$45 M, fram causes and an the date stated above. July 5 , 19 66, that (I) (30) last 21. I certify that 10 (this haspital) attended the deceased from saw the deceased alive an July 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** 7-5-66 director, page 3 shauld be filed v DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS SPRING GROVE STATE HOSPITAL Stella Wachsler, M.D. NAME (Type) Maryland 21228 Raltimore. 231 NAME OF CEMETERY OR-CREMATORY 23a. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR 25b Milanles 1966



	Division of STATISTICAL			PARTMENT OF HE I W. PRESTON STREE		LAND 21201	
/1/7/16/ #S \	480	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	094	78
0 CO M	F DEATH MORE		MARYLAND	2 USUAL RESIDENCE (W 0 STATE Maryland	here deceased lived, if institute b. COU.		odm ssion)
E write	OR TOWN (If outside corporate imits, RURAL and give nearest town) TIMORE:	c LEN	GTH OF STAY IN b		s de corporate limits, write RL		tawn)
d NAME	OF HOSP TAL OR INSTITUTION (If not in h JOSEPH'S HOSPITAL	asp tal, give stree	et address)	d STREET ADDRESS	ore of Count		IS RESIDENCE ON A FARM?
3 NAME C	F First		Midd e	Lost	Wood Court 4 DATE OF 7	th Doy	Year
(Type or	6 COLOR OR RACE 7 M			HARRINGTON & B DATE OF BIRTH Sept. 26.1	927 AGE (n years last birthdoy) 444 yrs	IF UNDER 1 YEAR Manths Days	19 66 IF UNDER 24 HRS Hours Min
100 USUAL during most	OCCUPAT ON (Give k nd of wark done of working life, even if retired)	10b KIND OF B		11 B-RTHPLACE (State of		12 CITIZEN OF COUNTRY	WHAT SA
13. FATHER				14 MOTHER'S MAIDEN W.	11 1	arey	
TIE WAS DI LYes, no. or	CEASED EVER NOS ARMED FORCES? unknown) (If yes give war or dates of servi	16 SOCIAL SI		informant s. Shirley	M. Cullen	/ (/)	s. #4 Seminari
ar r	USE OF DEATH (Enter on y one cause per ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		and (c))	cardiovascu		NTER	ET AND DEATH
crematian, counting to burial-fr	ons, if any, which gave) (b)						
stoting	the underlying cause DUE TO						
ta burial.	OTHER SIGNIF CANT CONDITIONS CONTRI		liver	THE TERMINAL DISEASE COND	DITON GIVEN IN PART 1(0)		NAS AUTOPSY PERFORMED?
PRIMA: PRIMA: CALIFE	XTERNAL CAUSE WAS RY 🗀 or Contributing 🗀 DF DEATH			(Enter nature of injury in Pi	art For Part Fof Item 18)		
MEDICAL MEDICAL	ME OF INJURY Month, Day, Year Haur a.m. p m. 19	20d IN.JRY 00 While No at work a		CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	20f (City ar tawn)	(Caunty)	(State)
ded ded	I certify that I took charge of the resulted from: Natural can			ide , Homicide	Inspection, Inq		in my opinian
ACTUA SIGNA		Penns	\mathcal{Q}^{-}	CHIEF MEDICAL E		22	. DATE SIGNED
Health or its designated age Walker State of the control of the co	NER'S	ITENECKE	R, M.D.)	DEPUTY MEDICAL	EXAMINER City, town, or county)	7	-23-66
- R DWG	(REMATION, 236 DATE THEREOF 7/26/6		name of cemetery or ruid Ridg	ie Cemetery		more, Md	(State)
THE IE TO THE	and a Ruch and	Rolt	ADDRESS Md 212			EGISTRARS S GNATURE	udge

× Sept. 26,1921

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USA

unington Sn. Helen G. Caney

Mrs. Shirley M. Cullen 503 E.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b l completely filled in by t ove carbon papers, Page / event, within 72 hours a 24 hours Middle River Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2134 Oakland Avenue YES L NO 3 213/ Oakland Avenue within NAME OF First Middle Last 4. DATE Month Oay Year DECEASED OF 19 66 DEATH (Type or print) Harris certificate be executed DATE OF BIRTH AGE (In years [IF UNDER 1 YEAR IIF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove last birthday) | Months | Male Days Hours I any White and WIDOWED OIVORGED [physician and please reval, and in Ξ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done l 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most of working life, even if retired) Selfemployed Jarpenter Penna Pittsburg. removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending ph William Harris atheri 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 (Yes, no, or unkown) (If yes give war or dates of service) in signed by the atte burial-transit permi burial, cremation, o Lrs Annabelle INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY a.c. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) been gave rise to immediate has been as the b prior to b **DUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES NO 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of Item 18.) detached for the details of the Dept. of the details of the detail OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Oav. Year be de State i factory, street, office bldg., etc.) Hour a.m. MEDI After d be d While Not While at work at work DIRECTOR: Age 3 should lied with the S 1954 19.66, that (I) (we) last 21. I certify that (i) (this hospitall attended the deceased from and that Weath occurred at A 19 66 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNALURE 22b. DATE SIGNED page ATTENOING DIRECTOR M.D. PHYS. PHYS may ay TO FUNERAL AOOR ES PHYSICIAN'S 22d. director, p should be 1 NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) Burial benezer FUNERAL DIRECTOR 25a. REC'O BY REGISTRAL VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09482 PLACE OF DEATH physician and campletely filled in by the funeral emplease remave carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Baltimore a COUNTY a. STATE b. COUNTY Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TOWSON C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate mits, write RURAL and give nearest town) Lutherville, Md. Minutes d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) St. Joseph, s Hospital d STREET ADDRESS e IS RESIDENCE ON A FARM? 512 Hill Top Dr. YES NO 3 NAME OF Middle Last 4 DATE Clifford J. Hartung, Sr. Month Year DECEASED July 27, 1966 (Type or print) 5 SEX B DATE OF BIRTH IF UNDER 1 YEAR | TIF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED AGE (In years NEVER MARRIED 68 last birthdoy) Male Caus. 8-15-1897 DIVORCED WIDOWED 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY Estimator, Koppers Baltimore, Md. U.S.A. 材料供菜 Co 14. MOTHER'S MAIDEN NAME Marry H. Jones Harry E. Hartung 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Antigemanartung 16 SOCIAL SECURITY NO. Address (Yes, ng. ar unknown) (If yes give war ar dates of service) 512 Hill Top Dr. Lutherville, Md. 21093 212-07-9869 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN transit OCCLUSION ONSET AND DEATH MEDMARY signed by 1 burial trans IMMEDIATE CAUSE (a) DUE TO RTERIOSCHEROTIC LARRIO -URSENHAK DISTAST Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the the last. 19 WAS AUTOPS V PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) for use NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year (County) factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital) attended the deceased fram MAR 1965 to JUL 11, 1900 that (1) (we) last O HOSPITAL OR ATTENT Page 4 may be retained saw the deceased alive an July 1966, and that death accurred and M, fram causes and an the date stated above 22a, SIGNATURE 22b DATE SIGNED MED. DIRECTOR M.D 22d. ADDRESS 22c PHYSICIAN'S . SIWINSKI NAME (Type) director, should 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify)
Burial 7-3066 Dulanev Valley Cockeysville, Md. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR WILL. Cook-Brooks Towson, Towson, Md. 25a. REC'D BY REGISTRAR Milaylen DATE AUG

requires that the death certificate be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11948 09483 Reg. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) filed a. COUNTY o. STATE **b** COUNTY MARYLAND ILC . funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest fown)
Catonsville should Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) IS RESIDENCE OR INSTITUTION ON A FARM? the Tines Louge in YES NO NAME OF DECEASED First Middle 4. DATE Month filled OF DEATH Hartung (Type or print) 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bisthday) Months Days Hours July 29.1 ..h WIDOWED TO DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Balto. . Ild. UJA H usewiie 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Amelia Albert liller INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO Address attending ! Fr. E.rl N. Hertung-818 8th Ave. Simery 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 422 DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last. burial-transit PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? certificate has 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Haur o. m. While Not while ot work at work 1964 ta JULY 11, 1965, That I last saw the deceased NOV-- 13 21. I certify that I attended the deceased fram.__ and that death accurred at 3.36 AM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ٠Ě Poge 3 should b 20 PHYSICIAN'S NAME (Type) 22b DATE THEREOF 22d LOCATION (City, town, or county) 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) timore, Ld. 7-13-66 Loudon Park **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24b REGISTRAR'S SIGNATURE isully VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09485 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages of and 2 burial-transit permit. Then please remove which 72 haurs after death. The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)

Catonsville CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 18 days Arbutus d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4772 Aldgate Green GROVE STATE HOSPITAL SPRING YES NO 3 NAME OF First Last 4 DATE Manth Year 1966 DECEASED 24 Joseph Hayden July John (Type or print) DEATH AGE (n years IF JINDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH **L**ight birthday) Manths Doys Hours Nov. 2, 1906 white male WIDOWED DIVORCED 10a LSEAL OCCUPATION (G ve kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland S. 14. MOTHER'S MAIDEN NAME Elizabeth Bertha 13. FATHER'S NAME John Carl 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) STATE HOSPITAL unknown RecordS: SPRING GROVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (o) attending physician. DHE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying cause as the has been last. 19. WAS AUTÓPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Page 4 may be retained by the haspital ar this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING detached fr e Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Nat While at work TO FUNERAL DIRECTOR: After fram July 6 , 1900 to July 24 , 1900, that (#) (we) last and that death accurred at 1215 M, fram causes and an the date stated above. July 6 1400 July 21. I certify that (I) (thisciaspinal) attended the deceased fram. shauld July 2h 66 saw the deceased alive an 22a. SIGNATURE Wachsler MED. ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR PHYS H OSPITAL GROVE STATE 22c. PHYSICIAN S Stella Wachsler, M.D. NAME (Type) Baltimore. Maryland 21228 23a /BURIAL CREMATION MICATION (City or Town) (County) (State) 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATEJU



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) hours ofter deathers o COUNTY o STATE b. COUNTY Poge Balto Baltimore. MARYLAND b. C.TY OR TOWN (If outside corporate ..m.ts, write RURAL and give nearest tawn) E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate inmits, write RuRAL and give nearest town) 54vrs Parkville Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2711 Alden road in Item 18. Give Pages Joseph's Hosp YES NO 24 hours ofter death 3 NAME OF Month Year DECEASED J HEALY SR. July 30 **THOMAS** 1966 19 (Type or print) DEATH with t S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5 dest birthdoy) March WIDOWED D VORCED event 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore gn country) 2 CITIZEN OF WHAT dur ng mgs lowerk ninte wen fret red) NOSPastics CODDINERY? Ireland 13 FATHER'S NAME penci 14 MOTHER'S MAIDEN NAME be executed within Martin Healy Mary Ellen Sweeny .⊑ IS. WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16. SOC AL SECURITY NO Address Medical (Yes no or unknown). If If yes give wor or dates of service removal 123-01-0688 Family records No 18 CAUSE OF DEATH (Enter only one couse per line for (p) (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. used as a burial-trans burial, crematian, or IMMEDIATE CAUSE (o) word This certificate should DUE TO Conditions, flony, which gove rise to immediate cause (a) DUE TO stating the underlying couse last PART II. OTHER SIGNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS: PERFORMED? 0 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF NouRY Month, Day Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) toctory, street office bldg etc.) Not While FUNERAL DIRECTOR: Poge at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion death resulted frame Accident Suicide / Homicide Undetermined manner Natural causes ? be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F. O'Donnell, M.D. Health Address (Street, city, town, or county) BURIAL CREMATION 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 8/2/66 New Cathedral Baltimore, Md. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURI VR A15ME (5 AUG 1966 C.F.EVANS & SON 8802 Harford rd. DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A13 (2)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CS487
CERTIFICATE OF DEATH

Į.					•		1101100		
1.	PLACE OF DEAT				CE (Where deceased l		on: Residence before admission)		
		Baltimore	MARYLAND	a. STATE	Md.	b. COUNTY	Baltimore		
	b. CITY OR TOW	N (if outside corporate limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	limits, write RI	URAL and give nearest town)		
	write RURAL and give nearest town) Parkville		25vrs	Parkvill					
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS			e. IS RESIDENCE		
	7722 Wilson Avenue				ON A FA				
3.	NAME OF	First	Middle	Last	4. DATE	Month	YES NO		
	(Type or print)	Ellen	AI.	Heckner	DF DEATH	7	2 1966		
5.	SEX	6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	I 9. AGE (In years IFUN	IDER 1 YEAR JIF UNCER 24 HRS.		
	Female	White WIOOWEO		4-23-1902	last I	Mont	ths Days Hours Min.		
10a		10N (Give kind of work done 10b, K	INO OF BUSINESS OR	11. BIRTHPLACE (Co		7 1101	2. CITIZEN OF WHAT		
dur			NOUSTRY Pusewife		COUNTRY?				
13.		E I IC	usewile	1 14. MOTHER'S MAIO	EN NAME	1	U.S.A.		
И		August M. Wi	ldberger		Jane `	I. Virsi	no		
15	. WAS DECEASED	EVED IN IL 9 ADMED ENDOES? 16		. INFORMANT	- 6410	Address	5		
(Ye	is, no, or unknwn)	(If yes give war or dates of service)		Mrs Laura Ra	ee 7720 W	ilean As	renue 34		
		DEATH [Enter only one cause per l			11 1120 1	TTGOIL VA	INTERVAL BETWEEN		
		ATH WAS CAUSED BY:	ine for (a), (b), and (c).1	. 1 . 1 . 1 .		4	ONSET AND DEATH		
П		IMMEDIATE CAUSE (a)	remone	01 000	4				
	Conditions, If any, which \ Due TO Delivertes Viellites								
	gave rise to		www	vacce	Cla				
	cause (a), si								
Z	underlying caus	1 (0)	TANO TO DESCRIPTION DE DESCRIPTION DE LA COMPANION DE LA COMPA	Larra Da VIII ventilita e	MARIAR AGRICUATION	Autracial many	Ada lan Man Miso Misonov		
ATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?								
FIG	00- 10010507	Was Dubent Vine El 1 och 1	SPACETE HOLD WILLIAM BA			- 14 54	YES NO V		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF YES 208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 209. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							n 18.)		
MEDICAL			NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, fa	rm, 20f. (City or	town)	(County) (State)		
<u>a</u>	Hour a.a	111110	NOT MULIE	tory, street, office bldg., e	10.)				
-	21. I certify that (I) (this hospital) attended the deceased from Ciprif 4, 19 6 to Critical 1966, that (I) (we) last								
		ceased alive on Chille	ا 19 لمك , and th	at death occurred at		causes and	on the date stated above.		
	22a. SIGNATUR		1	/	7	22b			
	2	coras decem	w M	.D. PHYS.	MED. STA	AFF YS.	7/5/66		
	22c. PHYSICIA NAME (T)	N'S STE DI	3 04411 - 0	22d. AODRESS	- 11		0.0		
	(1)	BOKGE 3	MUYERN	1.D 480	8 Har	forel !	Lee .		
23ã	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATIO	(City, town o	r county) (State)		
24	Jurial FUNERAL DIRE	7- 5-1966	St. JohnS C	emetery	Baltimo	255. REGIST	RAR'S SIGNATURE		
J	9 0 1 011 man ha 630% IIII 7: 1966 00/10 10 0								
d	Lassahn June 1401 B. Don Road OATE JUL 7 1966 Jelianley Judge								

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. Ilage requires that the death certificate be executed within may be retain > FUNERAL D page 3 shault VS A1S (4) TSM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and, 2 death: death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore MARYLAND by the Pages b. CITY DR TOWN (If outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write RURAL and give nearest town) nours Catonsville .= Catonsville 61 yrs, remove carbon papers any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO A Shady Nook Nursing Home August Avenue YES executed within 3. NAME DE DATE Month Middle Day DECEASED OF (Type or print) Marie Heidelbach DEATH July 14. 19 66 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED X 7. MARRIED last birthday) | Months | Days and in any WIDDWED DIVDRCED [White Female 24. 1905 yrs. 10a. USUAL OCCUPATION (Give kind of work done Then please re removal, and in 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR certificate be during most of working life, even if retired) COUNTRY? Baltimore Co. Md. U.S. Dental Assistant Dentist's office 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Heidelbach Mary A. Freund 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Md. 21228 17. INFORMANT ed by the attentransit permit cremation, or r Catonsville. (Yes, no, or unkown) | (If yes give war or dates of service) death No Ralph Heidelbach 303 S. Rolling Road INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a). has been signed by the as the burial-transit prior to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO stating for use as the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED After this certificate hild be detached for use he State Dept. of Health | PERFORMED? NO T YES 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bigg., etc.) Hour a.m. While Not While be retained by at work at work TO FUNERAL DIRECTOR: Afficiently, page 3 should be should be filed with the S 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at a from the causes and on the date stated above. 19*6*0 saw the deceased alive on. 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR Page 4 may PHYSICIAN'S ADDRESS 22d. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) 2 Baltimore, Maryland Park Cemeterv Buria REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 24. A Norma Catonsville, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09488 certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If guitside comporate limits, write RURAL and give negrest town) write RURAL and give nearest town) ve carban papers. Pag event, within 72 haurs Pikesville, 21136 Rural Pikesville
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) IS RESIDENCE Ξ filled YES NO ... Box 234 Church Re Box 234 Church Re NAME OF 4 DATE Lost Dov Year DECEASED 19 66 (Type or print) DEATH William T Heiland Sr. IF JNDER 24 HRS S SEX DATE OF BIRTH **JNDER** YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours Male White 11/21/1904 any WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY? INDUSTRY physician Maryland Owner - Plumbing & Heating 14. MOTHER'S MAIDEN NAME remayal, Carl Heiland Henrietta Gerhing 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The law requires that the death 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Amelia E. Heiland-Bex 234 Church Rd. Reist. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))
PART 1, DEATH WAS CAUSED BY signed by the burial-transit IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove (b) rise to immediate couse (o). DUE TO stating the underlying couse this certificate has been (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO V YES ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work at work O FUNERAL DIRECTOR: After be retained by 21. I certify that (1) (this haspital) attended the deceased fram 7 - 8. . 1966 that (I) (we) las 19 w to 196 cand that death accurred at 8.45 PM, from causes and an the date stated above saw the deceased alive an... directar, page 3 sho shauld be filed with 22b. DATE SIGNED 22d. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) Dr. C. E. McWilliams 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY · (County) (Stote) REMOVAL (Specify) 7/20/66 24. FUNERAL DIRECTOR Lering Byers-8728 Liberty Rd. Randallstown, Md OATE JU 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH Baltimore a. STATE aryland Baltimore ges 1 hours after MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. 1 Dundalk Catonsville yrs. Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled within 72 ON A FARM? Square the Pines Nursing Homes Yorkship One NO X YES etely carbon DATE Month First Middle tast 4. DECEASED S. 1966 event, DEATH comple (Type or print) 0 executed AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. Last birthday) Months | Days | Hours | Min. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 8. 7. MARRIEO NEVER MARRIED pae male 8 white WIDOWED X DIVORCEO 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Z.E physician during most of working life, even if retired) certificate be anda USA Foreman Pennsvlvania ם 13. FATHER'S NAME MOTHER'S MAIOEN NAME removal. attending pharmit. Then Roseann Klingsmith Zackary Heilman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Kinship ed by the attend transit permit. 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) | (If yes give war or dates of service) 216-10-3158 Harold Heilman Baltimore no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH r this certificate has been signed by detached for use as the burial-trans. te Dept. of Health prior to burial, crem PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES [NO Z DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be chould be filed with the State OR ATTENDING be retained by ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at Z-15 LM. from the causes and on the date stated above. 66 saw the deceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. PHYS. M.D. DIRECTOR Page 4 may t PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) (State) OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b 2 REMOVAL (Specify)
Burial Meadowridge Memorial Dorsey Maryland FUNERAL DI 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Brooks Bradley.Inc..Dundalk.Md. DATE 15M 4-64

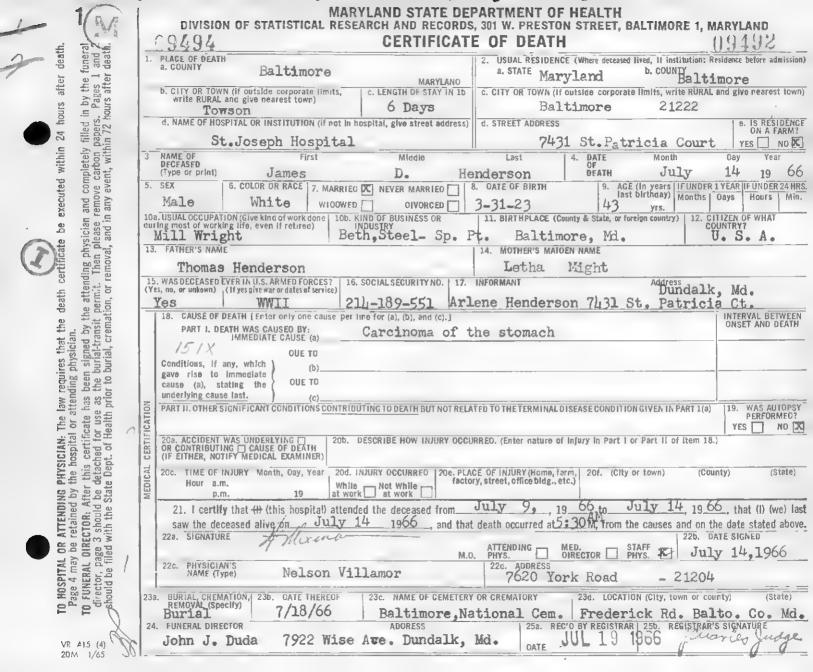


1 3/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
and 2 death.	C9492 CERTIFICATE OF DEATH (19491)
	1. PLACE OF DEATH a. COUNTY Beltimore 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	St. Joseph Hospital 615 Homestead St. YES NO
L	3. NAME DF DECEASED (Type or print) Claude Melnott Henderson Last Henderson DF DF DEATH July 25 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH white WIDOWED DIVORCED 11/28/85 84 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Days Hours Min. 81 DATE OF BIRTH 11/28/85 84
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) Balto., Md. 11c. Citizen OF WHAT GOUNTRY? Carey Machine
ľ	13. FATHER'S NAME
_	Unk. Henderson Unk.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 218-10-1130 Ars. Sadie Henderson
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4200 Cenditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH CITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DISEASE ONSET AND DEATH
- 1	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work
	21. I certify that (I) (this hospital) attended the deceased from July 15, 19 66, to July 25, 19 66, that (I) (we) last saw the deceased alive on July 25 19 66, and that death occurred at 7.30PM from the causes and on the date stated above. 22a. SIGNATURE Physician's Name (Type) Ramon P. Lopez Ramon P. Lopez Ramon P. Lopez 7620 York Rd. Baltimore, Md. 21204
	Burial Removal (Specify) Burial 7-28-66 Cedar Bluff Cem. Annapolis, Id. 24. Junepal Director Lusse 7. U4/01 Campulson City (State) Annapolis Annapo



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after the b. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) event, within 72 hours after MARYLAND Pages C. LENGTH DF STAY IN 1b c. CITY DR IDWN (If outside corporate limits, write RURAL and give nearest town) þ HOURS NSVILLE stonsville = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled e. IS RESIDENCE d. STREET ADDRESS DN A FARM? YFS NO completely ive carbon p within NAME OF Middle DATE Month Läst Day Year DECEASED (Type or print) DEATH 1966 ngersen executed 6. COLOR OR RACE and con 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. 7. MARRIED NEVER MARRIED any remale WIDOWED Jan. 23, 188 DIVORCED . 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if refired) CDUNTRY? CNN. attending phys ermit. Then ple m, or removal, a 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (if yes give war or dates of service) signed by the att purial-transit permi burial, cremation, o 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interior objectio the hospital or attending physician. burial-t burial. DUE TO Conditions, If any, which (b) peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health 1 PERFORMED? certificate NO F YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) After this certi 1 be detached State Dept, of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While at work While p.m. 19 at work be retained IRECTOR A 2.3 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from leader and that death occurred at 274. from the causes and on the date stated above. saw the deceased alive on . Jeene 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR STAFF PHYS. M.D. TO FUMERAL 22c. PHYSICIAN'S **ADDRESS** director, p should be 1 NAME (Type) BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REGISTRAR'S SIGNATUR REC'D BY REGISTRAR 25b. 1966 VR AL5 (4) DATE 20M 1/65







	l	MAI Division of STATISTICAL RESEARCE		PARTMENT OF HEAI W. PRESTON STREET,		21201
		65495	CERTIFICATE			09493
within 24 haurs after death. sly filled in by the funeral papers. Pages I and 2 within 72 hours after death.	1	COUNTY Baltmore	MARYLAND	o. STATE Mary	e deceased lived, if institution. Resi	dence before admiss on)
aurs aft by the Pages nours aft		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	SULERS	Woodb	carparate I mits, write RURAL and	-pe
filled in popers		maryland Masonie	Homes	d. STREET ADDRESS	The second section of the	e IS RESIDENCE ON A FARM? YES NO
campletely f		PAME OF DECEASED Type or print) Rebecc A EX 6 COLOR OR RACE 7 MARRIED 7	B. He	nderson 4.	DATE OF DEATH 9. AGE In years IF UNI	Day Year 2 2 19 6 6 DER 1 YEAR IF UNDER 24 HRS.
e executed vand camplete	300	Pemole White WIDOWED USUA, OCC. PATION (Give kind of work done 10b KIND O	DIVORCED 6	Oct. 10, 1871	lost birthday Manth	S Doys Hours Min
ficate by ysicion yplease al, and i	L	ng most of warking .fe, even if retired) INDUST FATHER S NAME	RY	14. MOTHER'S MAIDEN NAM	Maryland	COJATRY? 21.8.
e death certificate b attending physicion permit. Then please an, or removal, and i	15 6Y	1/c ho /as R. Hendel WAS DECEASED EVER IN US ARMED FORCES? (, no, or unknown) (If yes give wor or dates of service)	AL SECURITY NO 17. IN	mortine)	Varfield_ Address	4
it the death the attendir ssit permit. matian, or re		18. CAUSE OF DEATH (Enter only one cause per line for (o), PART 1 DEATH WAS CAUSED BY		cords of Md	masonie Hom	INTERVAL BETWEEN ONSET AND DEATH
quires tho physician. signed by burial-tran		IMMEDIATE CAUSE (a) 4 2 0 0 Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. (c)	tend och	sentity	y hount io	·
DING PHYSICIAN: The law reby the haspital ar attending Affer this certificate has been be detached far use as the State Dept. af Health priar ta	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
YSICIAN: aspital ar certificate thed for use to a feed for use to a certificate.	A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	<u> </u>	Enter noture of injury in Part	I ar Part II of stem 18.)	
ING PH' y the h ter this ne detact	MEDICAL	Hour a m. While p.m. 19 of wark	Nat While at work	E OF INJURY (Hame, farm, ry, street, office bidg, etc.)		(County) (State)
OR ATTENDING be retained by th JIRECTOR: After the 3 shauld be de		21. I certify that (I) (this haspital) attended saw the deceased alive on 220 SIGNATURE	the deceased from 19 and that	death accurred at Z	M, fram causes and a	966, that (I) (we) last the date stated above DATE SIGNED
OR DIRE		22c. PHYSICIAN'S T	M.D.	ATTENDING MED DIR	CTOR PHYS.	1/22/66
O HOSPITAL Page 4 may O FUNERAL I director, page shauld be fil	230	NAME (Type) AMS H//) H BUR AL, CREMATION, 23b DATE THEREOF 23	HMED.		23d. LOCATION (City or Town)	(County) (State)
VR A15 (4)		FUNERAL DIRECTOR	ADDRESS	2Sa REC'D BY	REGISTRAR 2Sb. REGISTRAR	VI MIZY LAND
20 M 1/66	7.3	m Park-Boacks Lowson Two	1050 900K	Red DATE JUL	26 1966 RCL	anley Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the Baltimore Maryland MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b þ s. Pag hours Baltimore yrs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 21206 Chesley St. Josephs Hospital Ave. NO C YES completely ve carbon p 3. NAME OF Middle DATE Month Day DECEASED July 66 Hendricks DEATH 19 (Type or print) Marionette 6. COLOR OR RACE | 7. MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove n any eve NEVER MARRIED ast birthday) Months I Hours female white WIDOWED IN DIVDROED [12, CITIZEN DF WHAT 102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DE BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) CDUNTRY? INOUSTRY homemaker Maryland homemaker certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME remova ad by the attending partners; transit permit. Then, cremation, or remove William Mallory 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) (If yes give war or dates of service) No Ers Dorothy Pfann h Chesley Avenu INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the DISET AND DEATH been signed or, the burial-transit or to burial, crem PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema attending physician. DUE TO Hypertensive Cardio- Vascular Disease Conditions, If any, which to Immediate **OUE TO** cause (a), stating the underlying cause last. has seri 8 CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate ND X YES the hospital PHYSICIAN: this cert 20a. ACCIDENT WAS UNDERLYING [OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.) Нонг a.m. While Not While ATTENDING at work at work p.m. 66, that (I) (we) last July 66 T 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 66 A.M. from the causes and on the date stated above. 19 saw the deceased alive on and that death occurred at SIGNATURE 22b. DATE SIGNED 22a. STAFF PHYS. ATTENOING **CIRECTOR** PHYS. Ba O HOSPITAL 22d. ADORESS FUNERAL 22c. PHYSICIAN'S director, p 7620 York Rd. 21204 Gracito Patricio M.D. 23h. DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMDVAL (Specify) Baltimore Co. Buria 2-1966 REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09498 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death funeral I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY papers Pages I hin 72 haurs after a Maryland MARYLAND b CTY OR TOWN (If outside carporate limits, t LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore d STREET ADDRESS Ε d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? within 72 filled YES NO 3 NAME OF Middle 4 DATE Month remove carban Day DECEASED OF DEATH Joh M ess 196 € (Type or print) 15 in ony event. 5 SEX AGE (In years # UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED 73 yrs Months Hours WIDOWED DIVORCED March 10, 1893 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? guq Baltimore, Maryland Retired Standard Oil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal. John Hess Mary Fisher IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) cremation, ar 215-07-2314 Mrs Alberta Pierce 8004 Old Harford Road 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH signed by IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. 4201 DUE TO Conditions, if any, which gave rise to immediate couse (a), DHE TO stoting the underlying couse last PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health NO F this certificate 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Nat While at work at work FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 19____, that (I) (we) last te. M. fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22a SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 7-19-1966 Woodlawn Baltimore County, Maryland 24 FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 Lilly & Zeiler Inc. 1901-07 Eastern Ave.

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# E0#	= 09499 CERTIFICATE OF DEATH #9497
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Baltimore MARYLAND
rs after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) wite RURAL and give nearest town)
hourr Is. P	d. NAME OF HOSPITAL OR INSTITUTION (N not in hospital, give street address) d. STREET ADDRESS
filled papers, nin 72 h	Ridgeway Manor 3414 Hopkins Axe YES NOW
uted within completely ve carbon p	3. NAME OF DECEASED (Type or print) Mary V. Hess Death July 26 1966
e be executed within 24 hours af sician and completely filled in by t lease remove carbon papers. Page and in any event, within 72 hours a	5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years 15 Under 1 YEAR 15 UNDER 24 HRS. 13st birthddy) Months Days Hours Min.
certificate be exertificate by the please removal, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11b. KIND DF BUSINESS OR INDUSTRY 11c. CITIZEN OF WHAT COUNTRY?
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or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, or unkown) (If yes give war or dates of service)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-trans, permit. Then poshould be filed with the State Dept. of Health prior to burial, cremation, or removal,	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
ig PHYS by the h ter this ee detac	FOC. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 4 work 2 work
TENDIN tained I OR: Aff	21. I certify that (I) (this hospital) attended the deceased from 25 July, 1964, to 26 July, 1964, that (I) (we) last saw the deceased alive on 26 July, 1964, from the causes and on the date stated above.
OR AT r be rei DIRECT ge 3 s ge 3 s led wit	228. SIGNATURE M.D. ATTENDING MED. STAFF 26 July 6 C
O HOSPITAL OR ATTENDING Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	22c. PHYSICIAN'S NAME (Type) William Goodman 13345 Nopher Spring Rd.
TO HO Page TO FU direc	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUCKS SUPPLY AND
VR AIS (4)	Ambrose INC 1328 Sulphur Spring Rd DATE JUL 29 1956 gruenles Judge

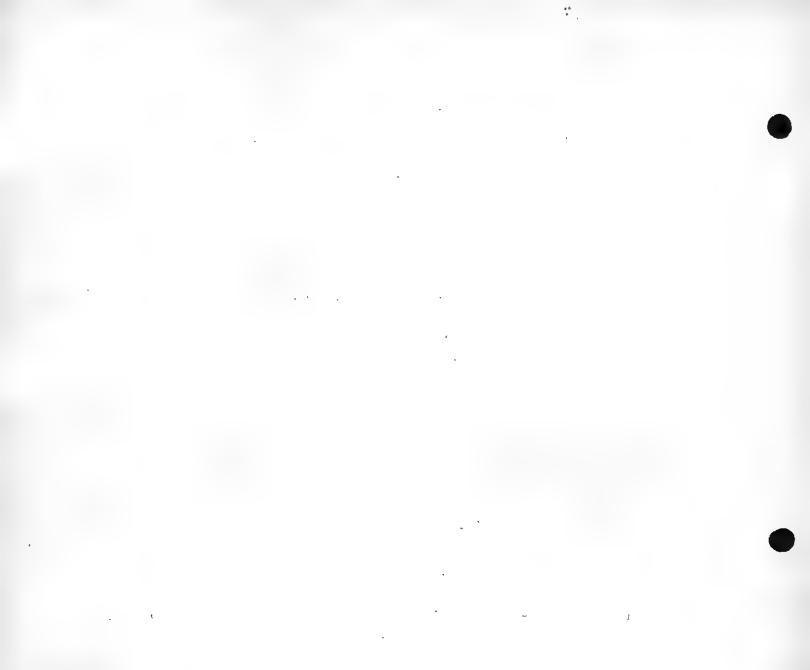


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH QSAA funeral and 2 death: after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore a. STATE Mo AAb. COUNTY filled in by the 1 papers. Pages 1 hin 72 hours after _ ₽ MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Catonsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Brooklyn Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 House I Pines 111 Church St NO 3 YES within and completely remove carbon NAME OF First Middle Last DATE Month Day Year DECEASED event, S Bernard H111(Type or print) DEATH July 10 19 66 executed 5. SEX 6, COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last birthday) Months Days апу Hours Male Ppr,15,1897 WIDOWED DIVORCED physician and ph 12. CITIZEN OF WHAT COUNTRY? af and in 10e. USUAL OCCUPATION (Give kind of work done I 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) **Printer** death certificate be INDUSTRY Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending partners; Then transit permit. Then cremation, or remote remon Unk Unk 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Yes Family INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the been signed by the Lurial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: attending physician. da IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior t underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? the hospital or YES NO Z 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) detached file Dept. of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) l be detached State Dept. (this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While p.m. at work at work OR ATTENDIN DIRECTOR: Af age 3 should | 1958 to 7 - 10 - 1966 that (1) (Ne) last 6-916-21. I certify that (I) (this hospital) attended the deceased from and that death occurred at A.S.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR M.D. PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p should be i NAME (Type) Y LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23b. (State) REMOVAL (Specify)
Burial 2 7/13/66 Glen Haven Glen Burnie MdADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) McCully FH 237 Patapaco Ave 21 225 DATE 20M 1/65



, 1	/20		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
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e be executed within 24 hours after eigin and completely filled menting these remove carbon paner.	in 72		Baltimore County Gen. Ash 1910 Givenne Oak.	O. IS RESIDENCE ON A FARM? YES NO
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ecute nd co	пу еv	5.	MARKIED NEVER MARKIED last birthday) Months	Days Hours Min.
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atte	r. O		es, no, or unkown) (If yes give war or dates of service) 218-09-8656 Alice E. Hilton 1910 Gwynn Oak.	Avenue
the de	natic Tip		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
d by	cren		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Autablatic Varenoma	- Chack Kilo Desiri
ysici	rial,		DUE TO 10 A ROLLING	
uire P Ph			Conditions, If any, which gave rise to immediate (b)	
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law atter	, F	NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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END aine	the state of the		21. I certify that (I) (this hospital) attended the deceased from 1960, 1966, to 1965, and that death occurred at 15M, from the causes and on the	b, that (I) (we) last
ATT	E		22a. SIGNATURE () 22b. DA	TE SIGNED
E a a a a a	led		M.D. ATTENDING MED. STAFF PHYS. DY 7	121166
O HOSPITAL Page 4 may O FUNERAL	d be 1		1 22c. PHYSICIAN'S 1 B. LEPMA Paltimen County Gen.	Hab.
28 age 1	inou poni poni poni poni poni poni poni poni	23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
F. 5.	47		Burial 8-3-66 Woodlawn Cemetery Baltimore, Maryla	and
		34	11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	SIGNATURE
VR A15 (20M 1/		12	Constitution & 1300 general	Judge -



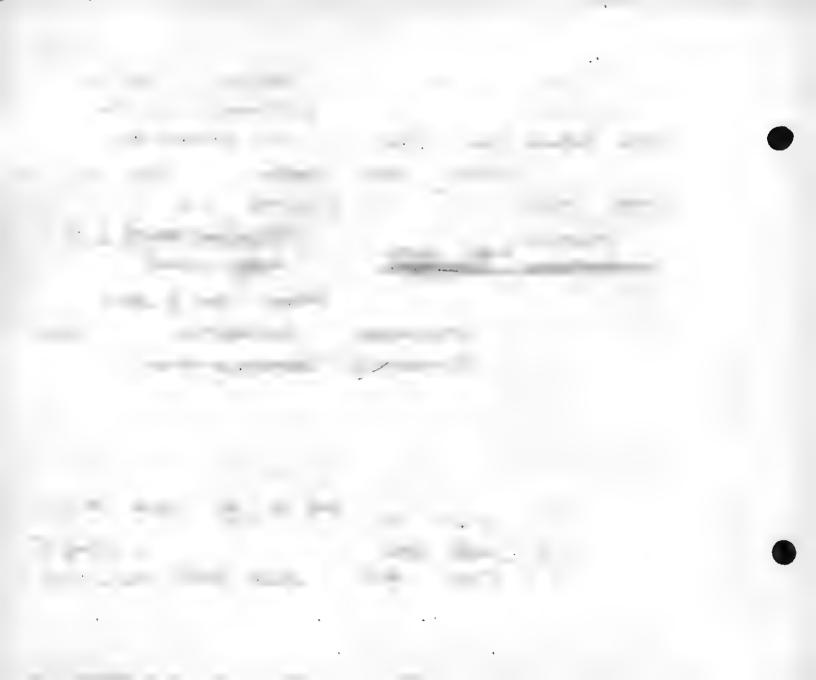
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY Page 2 MARYLAND delay dea Deportmen (If outside corporate limits CLENGTH OF STAY IN 16 2, u. P.M3. after 5 ON OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Office olong with form hours Stote **Give Poges** YES NO This certificate should be executed within 24 hours after death 3 NAME OF Middle First DATE Month Doy DECEASED w.thin NTON Type or print SEX AGE F UNDER 1 YEAR 7 MARRIED (In years FUNDER 24 HE Months W DOWED event DIVORCED IDo USLAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT dumm most of working life, even if retired) SCHOOLS COUNTRY ? ONSUILIF the Chief Medical Exominer's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM GWS File WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO SAME (Yes, no, or unknown) (If yes give wor or dates of service) removal DARESS 18 CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY buriol-tronsit ONSET AND DEATH 0 RON MMEDIATE CAUSE (o) writing the word 101 cremotion, DUF 10 RTERIOSCLEROTIC HEARTDIS. Conditions if any, which gove nse to immediate couse (a), forworded to DUE TO stoting the underlying couse buriol, WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) the certificate, CERTIFICATI NO DO 0 should be prior 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port 1 of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 5 may be retained for your file:

O FUNERAL DIRECTOR: Page 3 sh
Health or its designated agent, 2Dc TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om foctory street, office bldg etc.} Not While please execute 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry 🔀 and in my apinian the funerol director. death resulted from Natural causes Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEFUTY MEDICAL EXAMINER EXAMINER NAME (Type) Address (Street city town, or country) BURIAL CREMATION DATE THEREOF 23d. LOCATION (City or Town) HALTIMORE, MARYLAND REMOVE TACTY 7-8-66 MEDOWRIDGE CEMETERY 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY. by the f Pages 1 urs after MORE MARYLAND CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b hours write RURAL and give nearest town OWSON MORE .⊑ filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 22 d. STREET ADDRESS 24 EUESHAM within ME NO X YES __ within etely nbletely carbon NAME OF Middle Last 4. DATE Month Day Year DECEASED and completemove carb 19 66 20 (Type or print) DEATH Jul executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH NEVER MARRIED last birthday) Months I Days Hours WIDOWED DIVORCED and in 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country), 1 12. CITIZEN OF WHAT attending physician rmit. Then please ě during most of working life, even if retired) INDUSTRY COUNTRY? + ousewife certificate removal. 13. FATHER'S NAME Wood MOTHER'S 000 the auc. 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' 17. Address (Yes, no, przunkown) (If yes give war or dates of service) 06004 cremation. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN burial-transit burial, cremat (b), and (c),) ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed 4201 DUE TO been sign ArTerioscleration CARduvascul or distace Cenditions, if any, which gave rise to immediate 후 DUE TO cause (a), stating the prior underlying cause last. has SS CATION PART 1), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES [No 🗔 CERTIFI the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) detached for the Dept. of H this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) Hour a.m. After Not While at work p.m. 19 at work 9 DIRECTOR: / age 3 should liled with the (this hospital) attended the deceased from P.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 6 22a. SIGNATURE DATE SIGNED page ATTENDING STAFF M.D. DIRECTOR PHYS. 4 may TO HOSPITAL O FUNERAL PHYSICIAN'S NAME (Type) 22d. **ADDRESS** director, p should be t Page NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) more FUNERAL DIRECTOR 24. 25b. REGISTRAR'S SIGNATURE 25a. 'D BY REGISTRAR VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH COK CV 24 haurs after death physician and campletely filled in by the funeral in please remave carbon papers. Pages 1 and in please remain 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Md. MARYLAND b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate I'm ts, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Perrh Hall d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 8 N. Highland Ave. 9406 Dana Vista Road YES NO ST acote be executed within 3 NAME OF First Middle Manth HOWARD Day Year OF DECEASED ROLAND CURTIS July 14 19 66 (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7 MARRIED X **NEVER MARRIED** Jast birthday) Months Hours 7/5/1900 male white WIDOWED DIVORCED 10a. USUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) e& Tvler COUNTRY? Virginia Kimble& Inspector 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys ar remaya John Howard Lula Wooten IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service) Dermit. law requires that the deal Esther Calley Howard, wife, above -01-5227 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH signed by IMMEDIATE CAUSE (a) 4201 **DUE TO** burial, Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the I shauld be filed with the State Dept. af Health priar tal stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICAT ON YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I! of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER' MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. While Nat While foctory, street, affice bldg., etc.) at wark at wark . 19 6 4 ta 199€, that (I) (we) lost 21. 1 certify that (1) (this hospital) attended the deceased from , and that death occurred at..... 6 M, fram causes and on the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S Goodman Julius Baltimore Street NAME (Type) Dr. 3400 E. 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOYA (Specify) 7/18/66 Lorraine Park Cem. Baltimore, Md. 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home, Inc. VR A15 (4) 20 M 1/66 3331 Brehms Lane



	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
7750	~~·		C9507 CERTIFICATE OF DEATH	49505
leat	funeral 1 and 2 r death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Real COUNTY) 2. USUAL RESIDENCE (Where deceased lived, If institution: Real COUNTY)	esidence before admission)
after death.	# T # 1		Towson Maryland Maryland b. county	
all the	电影型	_	b. CITY DR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town) c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	and give nearest town)
hours	in Page		Baltimore #12	7
E E	led 72 l		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1 24	y fill hin ✓	_	St. Joseph's Hospital 1236 E. Belvedere Avenue	YES ND 5
毛	bon wit	3.	NAME DF First Middle Last 4. DATE Month DECEASED DF	Day Year
ž.	can	5	(Type or print) Basil Richard Hunsicker DEATH July SEX 6. COLOR OR RACE 7 MARRIED FT NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER)	30 19 66
cute	hysician and completely filled in by the please remove carbon papers. Pages 1 I, and in any event, within 72 bourseffer		Market De Never Market De Neve	Oays Hours Min.
exe	n an ren in an	10		TIZEN OF WHAT
2	icial	00	ing most of working life, even if retired) INDUSTRY	TIZEN OF WHAT UNTRY?
cate	phys ple ral, a		Btlred: Sears & Roebuck Co. Akron, Ohio 9	
certificate be executed within	The		David Hunsicker Unknown	
(3	atten in physician rmit. Then please n, or removal, and in	T.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bal	t. Md.
4	on, on		Yes WW 1 279-05-1532 Mrs. Helen Hunsicker 1236 Beleved	ere Ave
92	y th mati		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND CEATH
that the	d by trans	1	PART I. DEATH WAS CAUSED BY: Lobular Pneumonia, bilateral	
\$ ₽÷	lysic fgne riat-i rial,	ı	OUE TO	
uire	R ph		conditions, if any, which (b) Emphysema with cor pulmonale gave rise to immediate	
5:	or the		cause (a), stating the DUE TO underlying cause last. (c)	
<u>8</u>	atte has e as h pri	<u>§</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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<u> </u>	Pital d for of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.	
SIS.	s ce sche		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
OR ATTENDING PHYSICIAN: The law requires that t	I by the hospital or attending physician. Wher this certificate has been signed by the attenting physicial be detached for use as the burial-transit permit. Then state Dept. of Health prior to burial, cremation, or removal	MEDICAL	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not while factory, street, office bidg., etc.) (Cou	nty) (State)
9	After in State	불	p.m. 19 at work	
8	R: A	L	21. I certify that (I) (this hospital) attended the deceased from July 22, , 1966, to July 30, 1966	
T F	reta Signal Vith		saw the deceased alive on July 30, 1966, and that death occurred a8:45,M, from the causes and on the causes are only the c	TE SIGNEO
5.	DIR Se Se			30, 1966
¥	AL AL CELL		22c. PHYSICIAN'S 22d. AODRESS	
SPI	E SE	_	NAME (Type) Govinda Rao, M. D. 7920 York Road, Towson, M.	
H	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23	REMOVAL (Specify)	inty) (State)
-	F	2/	Burial 8/2/66 Colonial Cemetery Trenton, N.J.	S SIGNATURE
VIII.	R AI5 (4)		ALC LIGHT SC.	ules Judge
	M 1/65		Wm. Cook-Brooks Inc. Baltimore, Md. 21202 DATE AUG 1 1000	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09508 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remere carban papers. Pages I and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) o. COUNTY Raldimore b. COUNTY Raltingac MARYLAND b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Runal - Posedale cural-cosedale ueans d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO K NAME OF Middle First 4 DATE Manth Day DECEASED (Type or print DEATH 19 AGE (In years IF LINDER 24 HRS. 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH IF LINDER I YEAR NEVER MARRIED lest birthday) Months WIDOWED and in a 10a USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal. WAS DECEASED EVER IN J.S. ARMED FORCES? INFORMANI (Yes, na, or upknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gave nse ta immediate cause (a) r this certificate has been si detached far use as the bi te Dept af Health priar to bi **DUE TO** stating the underlying cause Page 4 may be retained by the haspital ar attending last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION be detached far use State Dept af Health NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept 20c, TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office blda., etc) Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram TO FUNERAL DIRECTOR: saw the deceased alive an and that death accurred at 1.24 PM, from causes and an the date stated above 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRES 22E PHYSICIAN'S NAME (Type) BUR AL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC D 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. leath. and deat PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY after b. CITY OR TOWN (if outside corporate limits, MARYLAND Tagest after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours hour = Baltimore 03 filled papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 24 ON A FARM? within ND . YES within completely carbon NAME OF Last DATE Month Year DECEASED DEATH event (Type or print) 196 executed SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR last birthday) | Months | Days гетточе 17 IF UNDER 24 HRS MARRIED NEVER MARRIED Months I Days Hours and WIDOWED X DIVORCED 4 -9-1885 <u>,=</u> 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? physician ease death certificate be during most of working life, even if retired) and INDUSTRY Dry Goods
13. FATHER'S NAME Baltimore, Maryland USA 귭 MOTHER'S MAIDEN NAME гетома ing pl Then Bartell attendin Frederick Jacob 15. WAS DECEASED EVER IN U.S. ARMED FORCES? trans,t permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 2-05-9598 Anna V. Jordan 7116 Marston Road CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN requires that the n signed by to burial-trans.t burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) peen gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause tast. The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? YES [No F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ö r this certi detached OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (State) (County) factory, street, office bldg., etc. Hour a.m. While Not Walle After þ p.m. at work at work retained DIRECTOR: A age 3 should lied with the S P 21. I certify that (I) (this hospital) attended the deceased from 1966 66. that (!) (we) last and that death occurred at//:3 M, from the causes and on the date stated above. saw the deceased alive on. SICNATURE 22b. DATE SICNED **6** 8 ATTENDING PHYS. MED. DIRECTOR pa 定 HOSPITAL PHYSICIAN'S FUNERAL director, p 22d. ADDRESS BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 7-26-66 Loudon Park Cemetery Burial Baltimore, Maryland FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE Liberty Hghts. Avenue Balto VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09510 CERTIFICATE OF DEATH death by the funeral Pages 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY b. COUNTY Baltimore Anne Arundel remave carban papers. Pages 1 n any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 117 days Annapolis d. STREET ADDRESS and campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM2 750 Annapolis Neck Read Veterans Administration Mospital YES NO 5 NAME OF 4 DATE First Lost Month Year DECEASED 19 66 LLOYD COLIN JAMESON 31 July (Type or print) DEATH 5 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED Just birthday) Months Doys Hours May 27, and in any Male Negre WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Construction attendmg-physician permit. Then please Shelby, North Caselina 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME removal WILL JAMISON MARY ESTHERIDGE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give war or dates of service) 10 218 01 57 26 Clinical Rods. VA Hespital, Ft Heward, Md. crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I, DEATH WAS CAUSED BY ONSERVATIONATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUE TO burial Conditions, if any, which gave ARTERIOSCLEROTIC HEART DISEASE UNKNOWN rise to immediate couse (o), DUE TO stoting the underlying couse as the Page 4 may be retained by the hampital or attending MYOCARDIAL INFARCTION OLD last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) has CERTIFICATION State Dept. of Health SURGICAL ABSENCE RIGHT LEG DUE TO THROMBOSIS, COMMON ILIAC ARTERY r this certificate h YES X NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACC DENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After directar, page 3 shauld be shauld be filed with the Stat 21. I certify that K (this haspital) attended the deceased fram. April 1966 to July 31 19 66 that X) (we) last saw the deceased alive an July 31 19 66, and that death accurred at 6:45 M, from causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 8 1 66 M.D PHYS 22c. PHYSICIAN'S 22d. ADDRESS MILTON GINSBERG, M.D. NAME (Type) VA Hospital Fort Howard, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore National Baltimore, Maryland Burial 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66

Montgomery St. Balto Md.

ISIAH BROWN & SONS

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The The

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09511 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH USUAL RESIDENCE (Where deceased yed, if institution. Residence before death to ot MARYLAND eni b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY N 16 c CITY OR TOWN d NAME d STREET ADDRES ON A FARM? hours 3 NAME OF Doy DECEASED (Type or print) WITH S SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED veors lost birthdoy) Months Dovs WIDOWED DIVORCED IDo USUA, OCCUPAT ON (Give kind of work done 1Db KIND OF BUSINESS OR .2 CIT.ZEN OF WHAT during most of working life even if retired) COUNTRY? 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAM be executed within VASEOLINA 16 SOCIAL SECURITY NO 17 INFORMANT ar remaval. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) ward crematian, 346.00 driegas Conditions, if ony, which gove nse to immediate cause (a). ficate DUE TO stoting the underlying couse lost. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) pino PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TiME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not While of work 21 I certify that I took charge of the remains described above, held an Autopsy [X]. Inspect on [inquiry and in my apin an may be retained far FUNERAL DIRECTOR: Natural causes death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** U. SPIT NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATOR / (County) (City or Town) (Stote) 0 REGISTRAR S SIGNATURE VR A15ME (S



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY COUNTY after after BATTIMORE the MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b Page write RURAL and give nearest town) on papers. Pag within 72 hours hours GRASONVILLE DAYS FORT HOWARD filled in e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? VETERANS ADMINISTRATION HOSPITAL CHESTER RIVER BEACH NO. YES completely i within NAME OF DATE Month Day First Middle Last DECEASED OF n and complet remove carb n any event, v 22 1966 JULY JENKINS. DEATH **BENJAMIN** FRANKLIN (Type or print) executed AGE (In years | IFUNDER 1 YEAR HFUNDER 24 HRS. 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. last birthday) | Months | Days Hours 1873 WIDOWED DIVORCED nding physician a Then please re removal, axd in 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 5 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. KEEPTH. MARYLAND CARPENTER certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAME been signed by the attending the burial-transit permit. The or to burlai, cremation, or remo MARTHA TEACHER ATEXANDER JENKINS 17. INFORMANT 16. SOCIAL SECURITY NO. VA HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes tive war or dates of service) death FORT HOWARD. MARYLAND CLINICAL RECORDS A. W. YPS INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH Bronchopneumonia with Pulmonary Edema PART I. DEATH WAS CAUSED BY: Days hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO (a), stating prior underlying cause last (c) 25 WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) for use Health After this certificate d be detached for use YES X NO [LIVER CIRRHOSIS 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) of Dept. MEDICAL (State) 1206, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc. be de State Hour a.m. While Not While ATTENDING I at work p.m 19 at work L should ith the S 21. I certify that AV (this hospital) attended the deceased from July 13 , 19 66, to July 22 . 19<u>66</u>, that ()/ (we) last DIRECTOR: Jage 3 should 66 and that death occurred at 3101M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE ATTENDING 22 66 DIRECTOR PHYS. M.D. PHYS. 4 may FUNERAL B 22d. ADDRESS 22c. NAME (Type) director, p should be 1 VAH Fort Howard, Md. George McElfatrick. M.D. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) 26 66 Arlingtom National Arlington, Virginia REC'D BY REGISTRAR | 25b. BECISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Conkling St. (S. Con Ltimore, VR A15 (4) Zinnano Joseph N. Md. 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY filled in by the f papers. Pages 1 in 72 hours after hours after Baltimore Marvland Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 yrs. Owings Mills Denton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers in 72 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Rosewood State Hospital R.F.D. 2 - Box NO SE YES completely in we carbon posent, within executed within NAME DE Middle DATE Month Last Year DECEASED (Type or print) DEATH Martha Anne TIDEVIDE: 19 66 6. COLOR OR RACE | 7. MARRIED remove t any eve 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED iast birthday) Months Days Hours and White 6-17-28 Female WIDOWED DIVORCED physician an please reval, and in 1Da. USUAL OCCUPATION (Give kind of work done i = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Dependent Hickman, Delaware none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ellen Breeding Thomas Luther Jester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) (If yes give war or dates of service) death Rosewood Records, Owings Mills. Maryland none 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWEEN ONSE AND DEATH gned by lal-transit lal, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. been s DUE TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hi hed for use t. of Health p PERFORMED? YES X NO F 20a, ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) etached 1 Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. a After While at work Not While p.m. at work retained 1942_ to__ 21. I certify that the (this hospital) attended the deceased from 19.66 that \$1) (we) last DIRECTOR: age 3 should led with the and that death occurred at 8:15. Somthe causes and on the date stated above. saw the deceased alive or 22a. SIGNATURE DATE SIGNED 0 **3** page ATTENDING MED. 7/4/66 Page 4 may b M.D. PHYS. DIRECTOR PHYS. FUNERAL I irector, par nould be fill 22c. PHYSICIAN'S 22d. ADDRESS director should t **BURIAL, CREMATION.** 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 200 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. VR A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission cian and campletely filled in by the funeral pase remave carban papers. Pages I and b. COUNTY a. COUNTY BALTIMORE MARYLAND papers. Pages I hin 72 havrs after c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) BATTIMORE DAYS HOWARD e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 819 NORTH MADERIA STREET VETERANS ADMINISTRATION HOSPITAL YES NO 3 NAME OF First Middie 4. DATE Month Year 1204 DECEASED 19 66 JULY JOHNSON 10 TEE HOWARD (Type or print) DEATH .F UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Hours DECEMBER 16.1904 WHITE DIVORCED WIDOWED MALE 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during roost of working ite, even if refired) **COUNTRY?** TANCASTER COUNTY. S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JANTE POWERS CHARLES JOHNSON VA HOSRIGAL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 248 05 69 39 CLINICAL RECORDS FORT HOWARD, MARYLAND YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RECEIVED DEATH burial-transit PART I. DEATH WAS CAUSED BY. BRONCHOPNEUMONIA IMMEDIATE CAUSE (b) DUE TO CARCINOMA OF IARYNX WITH METASTASIS TO CERVICAL Conditions, if any, which gave TRIKINOWN nse to immediate couse (a), HYMPH NODES DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PEREOR MED? YES A NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO F Ē 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21 I certify that N (this haspital) attended the deceased fram MSY 5, 1966, to JULY 10, 1966, that X (we) last saw the deceased alive an JULY 10, 1966, and that death accurred at 1125 M, fram causes and an the date stated above. Page 4 may be retained 22b. DATE SIGNED 220-SIGNATURE **ATTENDING** 7/11/66 directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d VAH FORT HOWARD, MARYLAND 22c. PHYSICIAN'S MILTON GINSBERG, M./D. NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUTH GYALT pecify) BALTIMORE, MARYLAND BALTIMORE NATIONAL FUNERAL HOUE REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Marley Judge VR A15 (4) 20 M 1/66 DATEA THYTHORE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09515 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b. COUNTY o. STATE Baltimore Maryland MARYLAND (If OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Fort Howard, Md. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 days Baltimore e IS RÉSIDENCE ON A FARM? YES NO 🔏 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d. STREET ADDRESS Veterans Administration Hospital 2107 Rupp St.

	NAME OF	F	irst	Middle		Lost	4. DATE	Month		Day	Year	1
	DECEASED Type or print)	JOS	EPH	NMI		JONES JR	OF DEATH	7		20	196	6
5 9		6 COLOR OR RACE	7 MARRIED M	NEVER MARRIED	□ I 8.	DATE OF BIRTH			F UNDER 1		UNDER	
	Male	Negro	WIDOWED _	DIVORCED		8 22 62		last histhday) N	Manths	Days F	laurs	Min
		(Give kind af work dane		OF BUSINESS OR		11 BIRTHPLACE (Caunty	& State, ar i	uur ty)		ZEN OF W	HAT	
	ng mast af warking n structi		Concre	ete Pipe		Leesburg,	Virgi	nia	USA	NTRY?		
	FATHER'S NAME	.011	NO. TOTAL	2200		14. MOTHER'S MAIDEN						
	Joseph J	ones, Sr.				Clara Tu	rner					
15	WAS DECEASED EVE	RINUS ARMED FORCES?	16. SOC	AL SECURITY NO	17 IN	FORMANT		Address				
(Te	Yes	(If yes give war or dates		03 90 10	Cli	nical Recor	ds-VAH	, Fort Ho	braw	, Md.		
		ATH (Enter only one co	use per line for (a),	(b), and (c).)							AL BETV	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cons	estive He	art	Failure					AND DE	AIH
		DUE		,		2002						
	Canditions, if any,	which gave)	(b) Arte	riosclero	tic	Heart Dise	ase			Unk		
Ш	nse to immediat		(0)							O-ALE		
П	stating the unde	lying cause	(c)									
		CHICICANT CONDITIONS		PATH DUT NOT DELAT	ro to tu	E TERMINAL DISEASE (O)	UNITION CRUTH	LIN DADT 1(a)		10 W/	S AUTO	DCV
₹	PART II, UTHER SI	GNIFICANT CONDITIONS	ONIKIBUTING TO D	EAIN BUT NOT KELAT	וט וט וח	E TERMINAL DISEASE FOR	NULLION GIVEN	IN PAKI ((0)		PE	REORME	D3
3										YES		40 X
CERT FICATION		SUNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	205 DESCRI	BE HOW INJURY OCC	JRRED (E	nter nature af injury in	Port Lor Port	II at item 18.)				
MEDICAL		JRY Month, Doy, Year	20d INJUR	Y OCCURRED 2		OF INJURY (Hame, farm		(City or town)	(Coun	itγ)	{S	itate)
E S	Hour a.r	10	While of work	Nat While	factar	y, street, office bldg., etc.))					
		fy that (A) (this has			am	6 22 66 ,1	1966 to	7 20	100	, that	DA Lu	vo) loci
		eceased alive an_				death accurred at			d an the	e date s	tated	abave.
	220 SIGNATURE). A A				ATTEMOLUĆ	MED	CZAFF	22b. DA1			
		Diemay Ca	stro -		M.D	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	7 :	20 66	>	
	22c. PHYSICIAN'S	1				22d. ADDRESS						
Ш	NAME (Type	Raul F. I	eCastro			VAH Fort	Horma	d_ W4		_		
230	BURIAL, CREMAT C	ON, T 23b DATE TH	EREOF I	3c. NAME OF CEMETE	RY OR CE			ATION (City or Town)	((Caunty)	(Str	ate)
								1 1 /	,	, ,	1311	7
	REMOVAL (Specify	7-2	h-hh h	altimore	Moti	onel	Po 14	rimore		7.60.00	rel er	nd
24.	Burial FUNERAL DIRECTO	1-4	4-66 B	altimore ADDRESS	Nati		Bal:	timore AR 25b. REGIS	TRAR'S SIG	Mar	ylai /42	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any execut, within 72 hours after death

corbon papers Pages 1 and 2 out, within 72 hours after death

i i



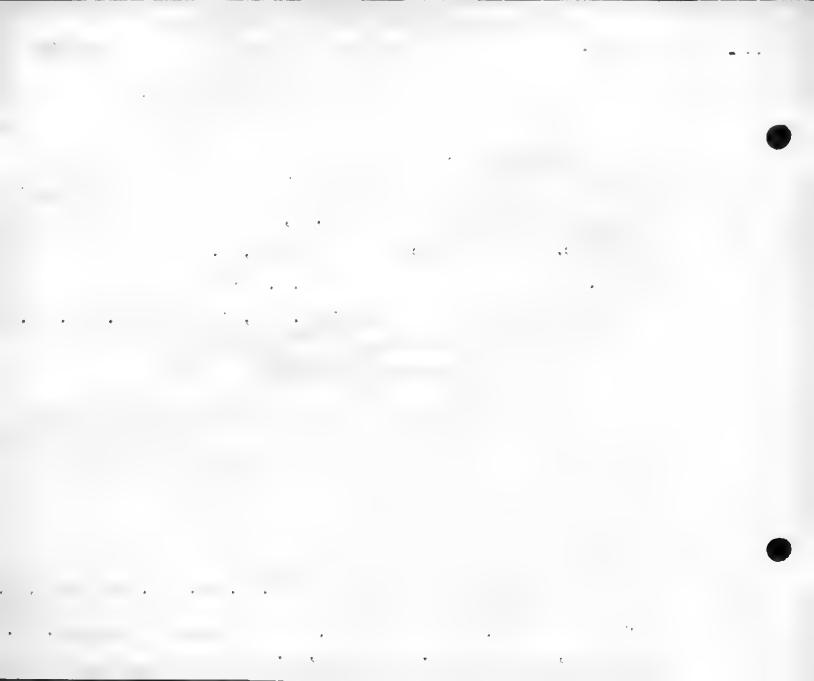
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
filled in by the fuñeral apers. Pages 1 and 2 n 72 hours after both.	09516CERTIFICATE OF DEATH	19514
by the funeral Pages 1 and and are after death	1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence are stated as a state and stated are stated as a state are stated as a stated are	ience before admission)
the arending physician and completely filled in by the paramit. Then please remove carbon papers. Pages ation, or removal, and in any event, within 72 hours after the parameters and in any event, within 72 hours after the parameters and in any event, within 72 hours after the parameters are also and the param	b. BITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) Baltimore c. LENGTH OF STAY IN 15 Yrs. c. LENGTH OF STAY IN 15 St. Vincent, s Home Towson	d give nearest town)
5 50	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital St. Vincent's Infant Home	B. IS RESIDENCE ON A FARMA
		Day Year
	(Type or print) Mae Kerns DEATH July	28, 19 66
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years Funder Years Year	
1		ZEN OF WHAT
	13. FATHER'S NAME John Kerns 14. Mother's Maiden NAME Mary E.Garman	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Jr. Address (Yes, no, or unkown) (If yes give war or dates of service) ? The masJoseph/Grogan, 929 N. Howard St,	, Baltimore
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism.	INTERVAL BETWEEN ONSET AND DEATH
t. of Health prior to burial, cremation,	Conditions, if any, which by Congestive heart failure.	
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Arteriosclerotic heart disease.	
101700		19. WAS AUTOPSY PERFORMED?
) January	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SENIORI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	y) (State)
	21. I certify that (I) (this hospital) attended the deceased from July 20, 1966, to July 28, 1966 saw the deceased alive on July 28, 1966, and that death occurred at 11 AM, from the causes and on the	date stated above.
	22a. SIGNATURE Particle Particle Particle Particle Phys. Director Phys. Director Phys. Duly 2	E SIGNED
/	PHYSICIAN'S NAME (Type) Gracito V. Patricio, M.D. 22d. ADDRESS 7620 York Rd., Baltimore, Md.	21204
7	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) Now Cathedral Baltimore, Md.	
Roof	24. FUNERAL DIRECTOR Win. Cook-Brooks Towson, Towson, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S DATE AUG. 1 1966 OCLIONE	SIGNATURE
10.1-	1000 (300)	



MARYLAND D. CITY OR TOWN (if outside corporate limit. Will BURNA and pilor nearest town) A. STATE D. CITY OR TOWN (if outside corporate limit. Will BURNA and pilor nearest town) 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BATTIMORIC STATE DATE DATE DATE MARRIED NEVER MARRIED NO BEATH STATE DATE DATE MORNING OF COUNTY NO BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY NO BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY NO BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY NO BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY NO BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY NO BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY IN BRITAL OR BUSINESS OR INDUSTRY IN BRITAL COUNTY IN BRITAL OR BUSINESS OR INDUSTRY IN BRITAL CRUE TO CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEAD TO COUNTY IN BRITAL CRUE TO CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEAD TO COUNTY IN BRITAL CRUE TO CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEAD TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN IN PART HEAD TO TH	29517	CERTIFICATE O	F DEATH		-0951
WISH RURAL and give nearest town) Continue	write RURAL and give nearest town) ROUGHLAS - Level - County TUTION (if not in bounts), give three address ROUGHLAS - Level - County Tution - County Tution - County Tree - County - County Tree - County - Coun	Baltimore	MARYLAND /	naryland	b. COUNTY	•
SAME OF DECEASED (Type or print) Deceased Type or type or print) Deceased Type or ty	BOATE STATE J. NAME OF DECREE J. DATE J. DATE	Revolute tour	3 year of gmonths =	103 Vankil	l Street	->
Type or print CC CC CC CC CC CC CC CC	Type or print) CCCGC A. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF SIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1	Bent Marsing	· Home	Baltimo 4. DA	TE Month	SCOROL YES
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Steta, or fore gin country) 12. CITIZEN OF WHAT done during most of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause past hos for (a), (b), and (c). 19. PART I, DEATH WAS CAUSED BY: 19. DUE TO Conditions, if any, which gave rists of mondaritying (a), stating the undeatying cause for peat the cause last. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS DECEASED EVER OF INJURY MORITH, Day, year year and that death occurred at	10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or tore by country) 12. CITIZEN OF WH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), a	5. SEX 6. COLOR OR RACE 7. MARR	THE TAX MERKED (A)	ATE OF BIRTH	9. AGE (In years IF UI last birthday) Mor	NDER 1 YEAR IF UN
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASSE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECASSE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only ona causa par Inta for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate causa (a), stating the underlying course last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WARPED CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING While Not While No	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (17. INFORMANT) 16. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), 19. PART I. DEATH WAS CAUSED BY: 19. IMMEDIATE CAUSE (a) 19. DUE TO 19. Conditions, if a ny, which gave rise to immediate cause 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. W. P.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				2. CITIZEN OF WHA
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE (I) 19. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 19. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE (I) 18. CAUSE (II) 19. WAS DECRASED BY: IMMEDIATE CAUSE (II) 19. WAS DECRASED BY: IMMEDIATE CAUSE (III) 19. WAS DECRASED BY: IMMEDIATE CAUSE (15. WAS DECEASED EVER IN U.S. ABMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18.	13. FATHER'S NAME	14.		/	0,
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying occurs last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAR PER YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF (INJURY MEDICAL EXAMINER) While Not While st work at work. 21. I certify that (I) (this hospital) attended the deceased from. 22a. SIGNATURE ATTENDING MED. STAFF PHYS. AME. (Type) ATTENDING MED. STAFF PHYS. 22d ADDRESS AME. (Type)	DUE TO Conditions, if any, which gave itse to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W. P.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yas, no, or unkown) (Ifyasgivewarordatesotsarvice) UNK, NA 18. CAUSE OF DEATH [Enter only ona cause pair PART I. DEATH WAS CAUSED BY:	215-03-9269	ORMANT OKOWN BALTO		INTERVAL
20e ACCIDENT WAS UNDERLYING	20e ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OF CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Medical examiner) While Not While Not While fectory, streat, office bldg., etc.) 21. Certify that (I) (this hospital) attended the deceased from	DUE TO Conditions, if any, which gava risa to immadiate causa (a), stating the underlying DUE TO	AS 1+D	In process		
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED While Not While of work at work 21. I certify that (I) (this hospital) attended the deceased from	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED While Not While of work at w					PE
21. I certify that (I) (this hospital) attended the deceased from	21. I certify that (I) (this hospital) attended the deceased from					
saw the deceased alive on	saw the deceased alive on	ZOC. TIME OF INJURY Month, Day, Year ZOC Wh. Prm. 19 at w	ileNot While fectory, a	OF INJURY (Home, farm, 20f. streat, office bldg., etc.)	(City or town)	(County)
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S 22d ADDRESS	22c. PHYSICIAN'S NAME (Type) 23c. NAME (Type) 23c. NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY PHYS. DIRECTOR PHYS. DIRE	saw the deceased alive on				on the date stat
	Burial 17/26/66 Mt. Auburn Cemetery Baltimore Mary	22c. PHYSICIAN'S	notes M.D.	PHYS. DIRECTOR	STAFF PHYS.	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09518 CERTIFICATE OF DEATH executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY CLENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate mits write RURAL and give negrest (pwn) and in any event, within 72 haurs andalistour ulled in t papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled i] NO [3 NAME OF 4. DATE Lost DECEASED OF DEATH S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. GOLOR OR RACE 7 MARRIED "NEVER MARRIED last birthday) DIVORCED WIDOWED Nov. 29, 1903 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate: he Construction physician Fredrick, Md.

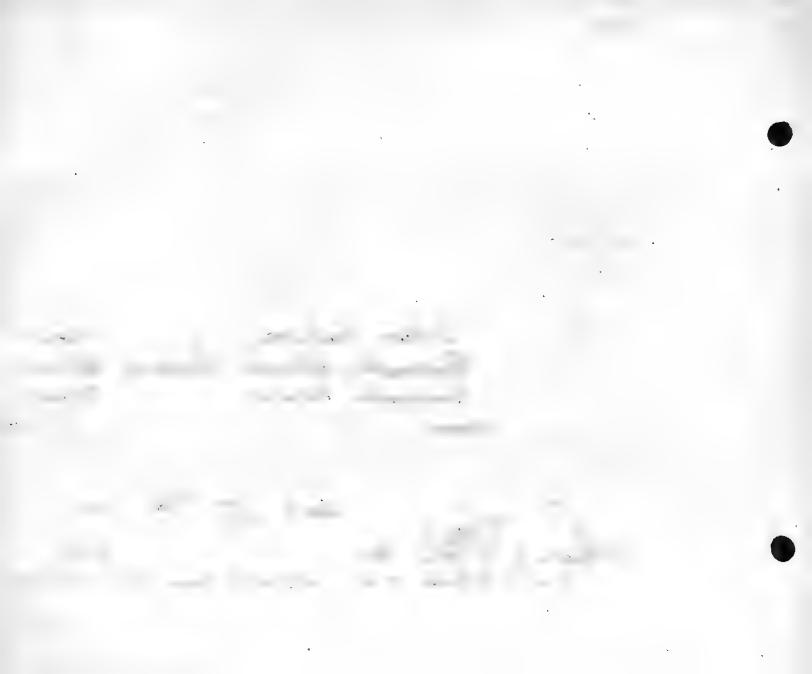
14 MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME burial, crematian, ar remayal, Edward E. Welf Mae. A. Barthalew 15. WAS DECEASED EVERTIFIUS. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO Address 21207 Darrile C. Kies. 3310 Mayfair Rd. Balta. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH signed by 1 Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stating the underlying cause DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES NO T OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING LT 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Hour a.m. foctory, street, office bldg., etc.) Not While of work 21 I certify that (I) (this haspital) attended the deceased from. , 19____, ta_ _, 19___, that (I) (we) las M, fram causes and an the date stated above ___ and that death accurred at_ saw the deceased alive an 22o, SIGNATURE 22b. DATE SIGNED MED DIRECTOR ATTENDING 22d ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Balte. Ce. Gen. Hesp. Randallstewn. Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 25g, REC'D BY REGISTRAL Loring Byers, 8728 Liberty Rd. Randallstewn, Md. OATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 24 haurs after death. by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore o. STATE Mary land b. COUNTY Baltimore hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wr te RURAL and give nearest tawn) 3mthludvs Catonaville Towson 03-1 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) and in any event, within 72 SPRING GROVE STATE HOSPITAL 940 Starbit Road 10 NO YES requires that the death certificate be executed within signed by the attending-physician and campletely fi burial-transit permit. Then please remaye carban I burial, crematial, at temoval, and in any event, with Middle 3. NAME OF First 4. DATE Month Уеог July OF 66 DECEASED W. Irving Kipp DEATH (Type or print) AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 60 yrs Months Hours Jan. 7, 1906 male white WIDOWED DIVORCED 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR duting most of working life, even if retired) U COUNTRY? **∌NDUSTRY** Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fred Kipp Anna Geiger IS WAS DECEASED EVER IN U.S. ARMED FORCES? unknown 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Records: SPRING STATE HOSPITAL G ROVE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (o) DUE TO Hypertensive cardiovascular disease Conditions if any, which gove rise to immediate couse (a), DUE TO r this certificate has been si detached far use as the b te Dept af Health priar ta b stoting the underlying couse Page 4 may be retained by the hospital ar attending WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERT F CATION Chronic alcoholism Fecal obstruction: colon. YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work TO FUNERAL DIRECTOR: After 3 shauld be with the Stat 19 00 ta April L . 19 ____ that (I) (we) last 21 | certify that (4) (this haspital) attended the deceased fram M, fram causes and an the date stated above and that death accurred at_ saw the deceased alive an. 22a SIGNATURE 22b. DATE SIGNED 7-16-66 9 be filed SPRING GROVE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Baltimore. Maryland 21228 directar, 230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Bur La (Specify) Woodlawn 7-19-66 Lorraine Cemetery Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 2II M 1/66 1966 1050 York Rd. Wm. Cook-Brooks Towson Inc.



MARYLAND STATE DEPARTMENT OF HEALTH SHUSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 urs after Baltimore MARY! AND Maryl and Baltimore b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bon papers. Page within 72 hours a write RURAL and give nearest town hours Towson 4. Maryland 14 days Baltimore, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 Dulaney Towson Nursing Home NO 🗔 8119 Oakleigh Road YES hapletely arbon pent, withi within NAME DE First Middie DATE Last 4. Month Day Year DECEASED (Type or print) DEATH Tgnace Kirnos July 26 1966 and conexecuted 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED A NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last_birthday) | Months | Days male white Hours 1 Dec 21, 1887 WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) physicia n please val, and INDUSTRY COUNTRY? Poultry farmer U.S.A. death certificate Russia MOTHER'S MAIDEN NAME attending ph ermit. Then remova Nikita Kirnos Marina 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (Ifyes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT the attendit Address 5 been signed by the att the burial-transit permi or to burial, cremation, o Dulanev Towson Nursing Home, 111 West Road 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Cenditions. If any, which gave rise to immediate **DUE TO** (a) stating as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has the distribution of Health p WAS AUTOPSY PERFORMED? NOUC NO X YES TOR: After this certif should be detached fo th the State Dept. of H 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While D.M. at work at work FUNERAL DIRECTOR: / lirector, page 3 should hould be filed with the 21. I certify that/ this hospital) attended the deceased from and that death occurred at 730 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIENATU DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. town or county) (State) 2 REMOVAL (Specify) REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the finance 1 by ages 1 irs after Baltimore MARY! AND Anne Arunde CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills Ξ Edgewater d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Rosewood State Hospital Riverview YES NO V etely executed within carbon ent, with NAME OF Middle 4. DATE Last Day Year DECEASED (Type or print) DEATH 19 66 Kenneth Scott KRAMER 5. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS 9. 8 g 7. MARRIED (ast birthday) a a a Months Davs 5-21-65 Hours WIDOWED [DIVORCED Male 1Da. USUAL OCCUPATION (Give kind of work done : 1Db. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 쑮 during most of working life, even if retired) physicia n please INDUSTRY COUNTRY? Dependent

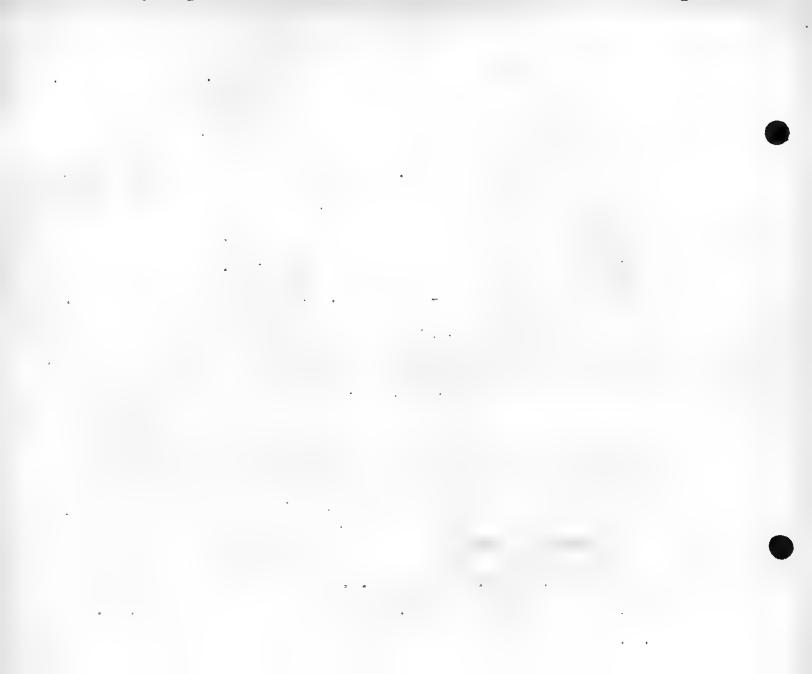
13. FATHER'S NAME Anne Arundel Co.. U.S.A. death certificate none 14. MOTHER'S MAIDEN NAME James Roben Kramer Lynda Marie Greer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 늄 (Yes, no, or unknwn) (If we give war or dates of service) nα Rosewood Records, Owings Mills, Md. cremation, none the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-burial, **DUE TO** Conditions, If any, which (b) gave rise to immediate 흥유 DUE TO cause (a), stating the prior . underlying cause last. 93 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health i PERFORMED? certificate the hospital or YES V NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) thed f MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 1/2 M. from the causes and on the date stated above. DIRECTOR age 3 sho saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED 8 page ATTENDING MED. PHYS. DIRECTOR 4 may O HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be i NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION. 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AI5 (4) 20M 1/65



MARYLAND STATE' DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09520 CERTIFICATE OF DEATH 09522 death. law requires that the death certificate be executed within 24 hours after death stran and campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CONINTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corparate imits, ELENGTH OF STAY IN 16 Batto and give nearest tawn) d NAME OF HOSPIAL OR INSTITLTION (If got in pospilal, give street address)
9026 Perring Park Road d STREET ADDRESS IS RESIDENCE ON A FARM? Yakona Road YES NO 3 NAME OF DATE Farst Midd e Last Doy DECEASED OF 10, 1966 Felix F. Kruszynski (Type or print) DEATH IF LNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months Haurs Davs White WIDOWED DIVORCED The LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 13 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) COUNTRY? Fire Baltimore, Md. 14 MOTHER'S MAIDEN NAME 13 FATHER 5 NAME Mary 17 INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, grunknown) (If yes give wor or dates of service Perring Leo Giorgio 18. CAUSE OF DEATH (Enter only one cause per line for (p) (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave rise to immediate couse (a). DHE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO YES 5 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. factory, street, office bida, etc.) Not While 19 at wark . 1966, that (I) (web-last 21. I certify that (1) (this becaused) attended the deceased from July Se la to 1960 and that death occurred at 5 30 AM from causes and on the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS 22d ADDRESS 22c. PANSICIAN'S NAIME (Type directar, shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Balto. Holy Rosary emeteru 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REGISTRAR Ruck, Inc., Balto., Md. 21214 VR A15 (4) 20 M 1/66



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
-	-6:	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
1	funeral and 2	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admi	ission)
		Baltimore MARYLAND Md. Balto.	
4	n by the lages ours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest write RURAL and give nearest town)	town)
	d in by	Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS_RESID	ENCE
	e executed within 24 mous of an and completely filled in by e remove carbon papers. Pag in any event, within 72 hours	ON A FAI	RM?
	ely vithi	3. NAME OF First Middle Last i 4. DATE Month Day Year	<u> </u>
	executed withing and completely remove carbon 1 any event, with	OFCEASED (Type or print) Martha E. Lanham DEATH July 8, 19	66
	COU COU	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8, DATE OF BIRTH 9. ACE (In years FUNDER 1 YEAR INFUNDER 2 last birthday) Months Days Hours	4 HRS.
	alld alld rem(an)	Female White WIDOWED DIVORCED April 18, 1906 60 yrs.	
	cian See ase	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR line in the life in the line in	
	a see	Housewife Penna. USA 13. FATHER'S NAME USA 14. MOTHER'S MAIDEN NAME	
		Rufus Ney Nellie A. Hoffman	
	endi it. j	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service)	
	seau e att serm on, (No 216-16-2973 Mr. James Cecil Westminster, Md.	
	ne or sit primati	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: ONSET AND DE	
	cian. cian. ed b ed b tran tran	PART I. DEATH WAS CAUSED BY: Malnutrition 2 Weel	KS_
-	es t hysi sign urial urial	Conditions, if any, which by Carcinomatosis 6 month	hs
•	ng programme and	gave rise to immediate Cause (a), stating the DUE TO	
	endies bereich	underlying cause last.) (c) Cystadeno carcinoma ovaries 5 year:	
·	or att or att or att cate ha	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORM YES N 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	OPSY ED?
	ANTE	20a. ACCIDENT WAS UNDERLYING 1 CODE. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	hos hos is ce ache ept.		/a to
	TO HOSPITAL OR ATTENUING PHYSICIAN: The Taw requires that the geath certificate be repaired by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please is should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	ate)
	R: A Richard Like Street	21. I certify that (I) (this hospital) attended the deceased from March 7, 1919, to July 8, 19 6(that (I) (we	
	CTO Sho	saw the deceased alive on July 7 19 66, and that death occurred at LOA M, from the causes and on the date stated a	bove.
	DIRE Be 3 ed v	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
	May MAL Pa	22c. PHYSICIAN'S 22d. ADDRESS	
	Se 4 Se 4 UNE UNE UICH	Martin E. Strobel N.D. 40 Main St. Reisterstown, Me.	
	Short	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Statement of the county) (Statement of the county)	1e)
	0	Burial July 11, 1966 Evergreen Memorial Finksburg, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	VR A15 (4)	J. F. Eline & Sons Reisterstown, Md. DATE JUL 12 1966 Polyande O.	
	20M 1/65 W		7



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09524 CERTIFICATE OF DEATH 0.9522 filled in by the funeral papers. Pages 1 and 2 thin 72 haurs after death. bm executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) p. COUNTY o. STATE b. COUNTY BALTIMORE BALTIMORE MARYTAND MARYLAND b CITY OR TOWN (If autside corporate fimits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest tawn) 14 DAYS BALTIMORE signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS carban papers ent, within 72 h 3319 DUNDALK AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO 12 NAME OF First Middle 4 DATE Manth Day Year DECEASED JULY **JAMES** W. LAWRENCE 66 (Type or print) 19 DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF JNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED AGE (In years NEVER MARRIED Months birthdovi Days Hours JULE 29, 1924 MALE WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTRY **COUNTRY?** law requires that the death serrit ate MATIAGER SERVICE STATION CUMBERLAND, MARYLAND H.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, LAURA OFFENBERGER OSA LAWRENCE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give wor ar dates of service) 218 16 43 52 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MARYI crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY CARCINOMA OF LUNG WITH WIDESPREAD METASTASIS IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Pagm 4 may be retained by the hasmital mr TO FUNERAL DIRECTOR: After this certificate YES A NO 20g ACCIDENT WAS UNDERLYING [7] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) (County) Haur a.m. Not While factory, street, affice blda., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. _, 19_ , ta 7/15/66 , 19 , that (1) (we) last saw the deceased alive an and that death accurred at 7:45AM, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS M.D. PHYS. 22d. ADDRESS VALI FORT HOWARD, MARYLAND 22c. PHYSICIAN'S D. TALBERT, M. D. JOHN NAME (Type) directar, shauld 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7/19/66 BALTIMORE NATIONAL BALTIMORE BURTAL Duda Funeral Home 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Wise Ave. Baltimore, Ma.



1	Items 18-21 Film G379 7/2MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	1201
R STATE	C9525 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	09523
M3. Page tmentof er death	PLACE OF DEATH O COUNTY BALTIMORE MARY AND	2 USUAL RESIDENCE (Where deceosed wed, function Residence of STATE b. COUNTY Maryland Baltimo	re
Deportment rs after dea	b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) Carney	c C TY OR TOWN (If outside corporate limits write RURAL and g	ve peorest town)
hours a	d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) 9300 Carney Road	d STREET ADDRESS 9300 Carney Road	e IS RESIDENCE ON A FARM? YES NO X
	3 NAME OF First Middle DECEASED (Type or print) SARAH HENRY	LEONHARDT OF DEATH 7	Day Year 23 19 66
	0	Feb. 16, 1908. lost birthdoy) Months	
and every	100 USUA, OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Maryland	CIT ZEN OF WHAT COUNTRY? USA
	13. FATHERS NAME Samuel Taylor	14 MOTHER'S MÂIDEN NAME Eva ?	
ovoľ, ond	Non-no-neumbrough III use our was as dates of consent	informant Address Address Raymond K. Leenhardt	(Same)
bunal, cremation, or removol,	1B CAUSE OF DEATH (Enter only one cause per ne for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Overdose of 3 DUE TO	parbiturates	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)		
	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERM NA. D SEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	E PRIMARYLJOF CONTRIBUTING L. Took an overdor	D (Enter noture of injury in Port or Port Lof item 18) se of sleeping drug	
	to the 7/23/66 While of work of work	office bldg etc) Baltimore Ba	ounty) (Stote)
	21. I certify that I toak charge of the remains described above, I	held an Autopsy , Inspection , Inquiry , icide , Homicide , Undetermined manner C	
_	ACTUAL SIGNATURE EXAMINER'S	M D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED 7-24-66
4	NAME (Type) RUDIGER BREITENECKER, M.D. 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	Address (Street city, town or county)	(County) (State)
or long the property of the pr	DCM/AV (Specific)	Cemetery Baltimore 250 REC'D BY REGISTRAR 25b REGISTRARS	Md.
2 (S)	Leonard J. Ruck Inc. Balte. Md. 21214		les Judge



. f	1 /4	ì	MARYLAND STATE DEPARTMEN Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRES		01
1	FOR STATE		69526 MEDICAL EXAMINER'S CERTIFI		09524
	HEALTH DERT		PLACE OF DEATH a COUNTY Balfar MARY, AND 2 USUAL a STATE	RESIDENCE (Where deceased lived finistration Residence by COUNTY B	e befare admission)
_	arth If arry deloy sages 1, 2, and 3 to ith form PM3 Page Stote Department of 2 hours after death		or CITY OR TOWN If autiside corporate limits council to the R. PAL and give negrest town) Construction of the Research of the Report of the R		
	Pages 1, 2 with form so Stote Deputed of 72 hours of O		d NAME OF HOSPITAL OR NOTHUTION (If not in hospita give street address) d STREET	8 ld Primbies Pa	e S RESIDENCE ON A FARM? YES NO
	ofter death 8. Give Page along with the with the Stot within 72 ha	L	NAME OF DECEASED WILLIAM D. LIGO SEX 6 CO.OR OR RACE 7 MARR ED DEVER MARRIED DE DATE OF E	N III OF DEATH	Day Year 19 YEAR FUNDER 24 HRS
	I hours after liter 18. Gr. Office along land 2 with	100	M. WIDOWED DIVORCED 5 5 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTH	81-1908 Jast brithday) Months HPLACE (State or foreign country) 12 CITI	Days Haurs Min ZEN OF WHAT
	n 24 hours cal in litera I ner's Office bges land 2 i any event		og grast of work ng life, even of the grant of the court	ER'S MAIDEN NAME	NIRY?
	executed with n and ng' in pencil Medicol Examine i permi miningag emovol, sea in c		WAS DECEASED EVER IN S ARMED FOREST S, ng grunkngwn] (f yes g ve war ar deves af serv ce)	nne de La Zour	913 Orland
	INER: This certificate should be executed within 24 hours after death if its certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a bunal-trons tipermit files as burial, cremation, or removal, weathin any event within 72 hours.		IB. CAUSE OF DEATH (Enter only one cause per line far (g), (a), and (c).)	J. Wallace Bryan -	INTERVAL BETWEEN ONSET AND DEATH
	should be en word "per on the Chief I burnot-trons t mation, or re		+201 DUE TO	turer organ,	Idir (int.)
	certificate should writing the word rworded to the Ci ssed as a buriol-tr ourial, cremation,		tonalitions, it any, which gave (b) stoting the underlying cause (c)		
	h s certif ate, writi e forword be used o	ATION	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	itNER: The certification of certification of the ce	AL CERTIF CATION	20a EXTERNAL CAUSE WAS PRIMARY 🗆 ar CONTRIBUTING 🗆 CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature		
	L EXAMINER: secute the cert Poge 4 should for your files or your files R: Page 3 should steed agent, pr	MEDICAL	20c T ME OF INJURY Manth Day, Year Haur a.m. p.m. 20d N.JRY OCCURRED While Not While at wark at wark	ficebdg etc)	
4	P P P P P P P P P P P P P P P P P P P			apsy, Inspection [X], Inquiry [X], Hamicide, Undetermined manner	and in my apinian
	O DEPUTY MEDICAL EXAM necessory, please execute the funeral director Page 4 fine funeral director Page 4 may be retained for your D FUNERAL DIRECTOR: Page Health or its designoted age		SIGNATURE D. D. Caples MD AS	SSISTANT MEDICAL EXAMINER EPUTY MEDICAL EXAMINER	22. DATE SIGNED
	necessory, the funeral 5 may be 10 FUNERAL Health or i	236	NAME (Type) D. D. C.A. P.L. E.S. A. BIBLA CREMATION 235 DATE THEREOF 123 NAME OF CEMETERY OF CEMATORY	ddress (Street, city, tawn, or county) 23d LOCATION (City or Town) (Caunty) (State)
	VR A15ME (5)	24	REMOVA_(Spec fy) 17-11-66 Presbyterian FUNERA_ DIRECTOR W. Jenkins & Sons Co. 1905 York Rd. Ba	Lynchburg 250 RECID BY REGISTRAR'S S C 1 to 156	Va. GNATURE 2NY 0- Verse-



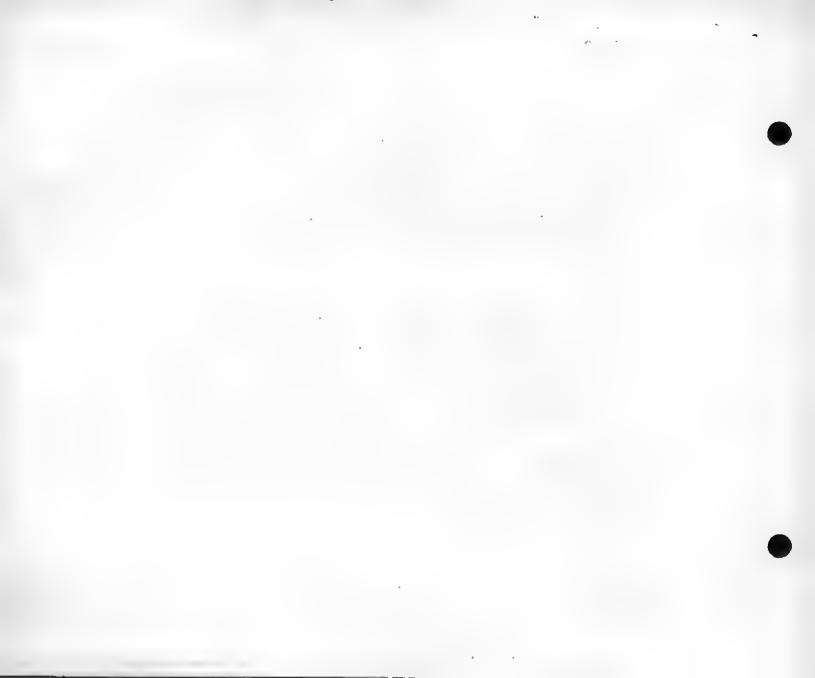
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FOR ST	AYE				MED	ICAL E	XAMINER'	S CERT	FICATE C	F DEA	TH	()	9525)
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del and PM3.	er c		write RURAL on	d give neorest lown)					0					4
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frer Give	within #	5		6 COLOR OR RACE	7 MARRIED	NEV NEV	ER MARRIED	8 DATE			9 AGE (n years	IF UNDER	YEAR IF LN	DER 24 HRS
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-£e≅	File and	15	WAS DECEASED EVE	R NUS ARMED FORCES?	16	SOC AL SEC		INFORMA			Addr	·ess		
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This certificate shauld be executed within 24 cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's	it permit remaval,		1B CAUSE OF D	EATH (Enter only one co-							_	•	INTERVAL	BETWEEN
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pe cat	I be	CERT F CATION	200 EXTERNAL CA	LUSE WAS	20b DF	SCRIBE HOV	N INJURY OCCURRE	D (Enter no	ure of njury in	Port I or P	art II of Item 18)			
MINER: This the certificate, 4 shauld be fa	IRECTOR: Page 3 shauld designated agent, prior	CER	PRIMARY (1) or CO CAUSE OF DEATH	NTR(BUTING □										
INER INER Shau files	35.	MEDICAL	20c TIME OF INJ	URY Month, Day, Year		NJURY OCCL			URY (Home form		(City or town)	((0)	unty)	(Stote)
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	red C. P.		21. I certif	y that I took charg	e of the rer	noins de:	scr bed obove,	held on A	utopsy X.	Inspec	tion , Ing	u ry 🔲,	ond in it	ny opinion
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MEDI please direct	REC				11		1		CHIEF MEDICAL		X	-	•	
M ple	tts o		ACTUAL SIGNATURE	/ Iron	ull s	17	Mu	M D	ASSISTANT MED	DICAL EXAM	NER		22. DA	ATE SIGNED
TO DEPUTY MEETA necessary, please ex the funeral directar.	FUNERAL DIRECT		EXAMINER'S NAME (Type)	Russell S.	Fisher	r, M.1	D.		DEPUTY MEDIC Address (Stree		_	Jı	uly 11,	1966
DE PE	D FUNE Health	230	BURIAL CREMAT				ME OF CEMETERY C		RY .		OCATION (City or To		(County)	(Stote)
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	15ME (5) 7	4	conard	J. Ruck S	nc. B	alto.	. Md. 2	1214	DATE &	JUL 1	4 1966	Jaco	reley Ju	edge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09527 law requires that the death certificate be executed within 24 haurs after death. death attending physician and completely filled in by the funeral neural permit. Then please remave carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Baltimore Baltimore V MARYI AND within 72 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) s. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Baltimore Rural -Baltimore IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prospect HOME NO X Caron /R/i/d/g/e/ Nursing /Home YES 3. NAME OF Midd e Last DATE Doy Year DECEASED UCAS 1966 DEATH (Type or print) S SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Manths Haurs Days Feb. (Unknown) 1876 DIVORCED KX WIDOWED 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY Retired Bqltimore, Md. IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William O. Lucas (Unknown) Whitney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 3043 Northern Pkwy Address (Yes, na, ar unknown) (If yes give wor ar dates of service) Mrs. Sylvia Mueller Baltimore, Md. burial-transit perm 218-10-4095 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DHF TO Arterios elevosis + Sewility Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been Arterios elevotic Cardiovas cular Rixease as the last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use YES NO 20g ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (State) factory, street, affice bldg., etc.) Not While 7-17-, 1966, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from B - 15_, 19<u>63</u>, to should 17-1966, and that death accurred at 2 A.M. from causes and an the date stated above saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S CAVERO DER NAME (Type) 8629 23g BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Baltimore, Md. 7/19/66 Baltimore Burial 24. FUNERAL DIRECTOR St. Paul St. REGISTRAR'S SIGNATURE VR A15 (4) Marilen Wm. Cook-Brooks Inc. Baltimore, Md.



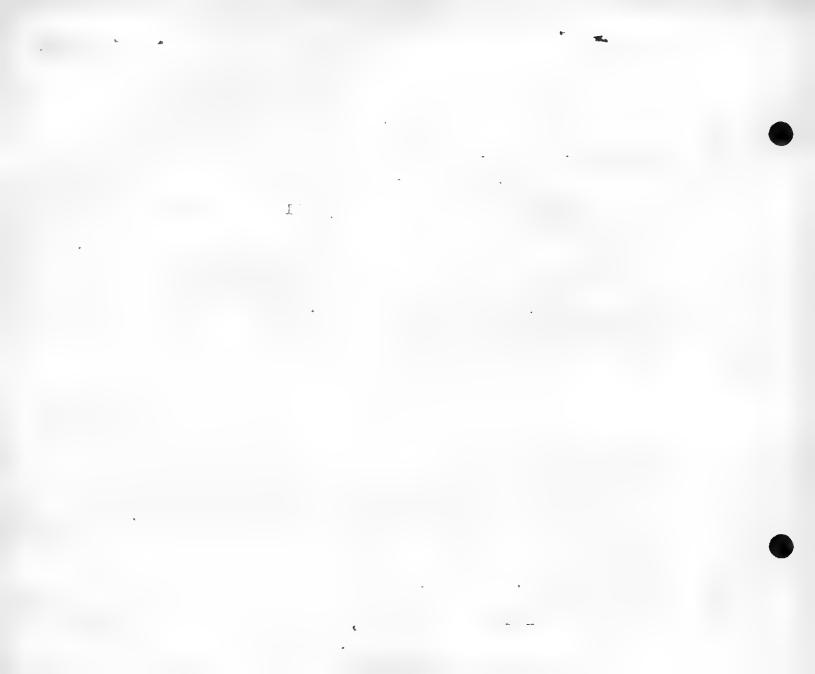
	Division of STATISTIC	MARYLAND STATE DEPARTMENT OF HEALTH AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201
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te be executed within 24 harmonic and completely filled in age someter carbon papers.	(Type or print)	MARRIED NEVER MARRIED B B DATE OF BIRTH WIDOWED DIVORCED Aug. 16, 1906 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or	9. AGE (In years lost birthday) Manths Days Haurs Min or foreign country) 12 CTT/ZEN OF WHAT COUNTRY?
he death certificate attending physicip permit. Then pleas	AIRCRAFT 13 FATHER'S NAME ABRAHAM LURIA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (UI yes give war or dates of s.	EMPLOYEE BALTIMORE M IA MOTHER'S MAIDEN NAME MOLLIE SELTZI ervice) 16 SOCIAL SECURITY NO 17. INFORMANT 2 15-05-6633 MRS. MINNIE LURI	ER Address
equires that t physician. signed by the burial-transit burial, crema	18 CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSE BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost (c)	Consinonan of fee	INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to	20g ACCIDENT WAS UNDER YING 20g ACCIDENT WAS	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or	Part II of item 18.)
ENDING PHY ned by the har R: After this ould be detact the State Dep	20c TIME OF INJURY Manth, Day, Year Haur o m. 19 21. I certify that (1) (this haspi saw the deceased aliye an	20d INJURY OCCURRED While at work at work at tended the deceased fram 5 21 19 66 and that death accurred at 6 5	
may be refail RAI DIRECTO 7, page 3 sha be filed with	22c. PHYSICIAN'S NAME (Type)	ATTENDING MED DIRECTOR ROUGHOS Dalto-Coce	or of phys. D 7-3-66
ro Hospital Page 4 may ro Funeral directar, pag shavid be fi	230 BURIAL, CREMATION, REMOVAL (Specify) BURTAL 7/5/66	IBNAL DACOB CONG.	BALTIMORE, MARY LAND (Stote)
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR	ADDRESS 250. REC'D BY	6 1956 Melanda O



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09523 CERTIFICATE OF DEATH demth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Raltimore b. COUNTY Maryland after Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Ba Write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3224 Foster Ave. St. Josephs Hospital YES NO within etely carbon 3. NAME OF First Middle Last DATE Month Day Year DECFASED E. Gertrude event, Mac KENZIE July 19 66 DEATH 16 (Type or print) executed 5 SEX 6. COLOR DR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS ещоле 7. MARRIED NEVER MARRIED last birthday) Months Days Female white 5_23_99 WIDOWED DIVORCED [67 = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Cis U.S. A. At Home Baltimore Md. Work HOUSE 201 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Marv William H MacKenzie E. attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 3 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. cremation, or r (Yes, no, or unkown) | (If yes give war or dates of service) Balto., 24, Md Bernard J. MacKenzie 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH l-transi 2 1. DEATH WAS CAUSED BY: attending physician. been signed the burial-transtrantor to burial, cri IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which the b gave rise to immediate DUE TO cause (a), stating the prior t underlying cause last. 83 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELAT WAS AUTOPSY ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? certifcate YES -NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached te Dept. of MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc. Hour a.m. While Not While þe ATTENDING at work at work ₽ 21. I certify that (I) (this hospital) attended the deceased from July 25 1966 to July 16, 19 66, that (I) (we) last 0R: saw the deceased alive on July 16 19 66, and that death occurred at 2.44 From the causes and on the date stated above. DIRECT 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING MED. STAFF 7-16-66 M.D. PHYS. DIRECTOR PHYS. Page 4 may pa FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 7620 York Gomez BURIAL, CREMATION, 1 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 7-20-66 Recemer Cem | 4430 Belair Rd Re | 25a. REGISTRAR'S SIGNA Belair FUNERAL DIRECTOR Balto., 24. A15 (4) 20M 1/65

* . . ŀ

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09530 CERTIFICATE OF DEATH 0.9530requires that the death castificate be executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b COUNTY MARYLAND BALTIMORE MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corparate himits, c CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) 74 DAYS BALITIMORE FORT HOWARD d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1335 DIVISION STREET YES NO X 3. NAME OF Middle 4 DATE Last Month Year DECEASED ERMEST MARABLE JULY 66 DEATH (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF B RTH AGE (In years IF UNDER 24 HRS last birthday) 5/24/11 Manths Days Hours MALE NEGRO WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) U.S.A. physicion t pleose during most of working life, even if retired) INDUSTRY ALABAMA PRESSER TAUNDRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Mules ETITZA MERRITEL ERNEST MARABLE 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address the attending (Yes no ar unknown) (If yes give war of dates af service) 252 12 44 85 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c)) signed by the buriol-transit ; UNSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoua of right lung IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gove use to immediate cause (a), DUE TO stoting the underlying couse os the has been 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) for use Heolth p PERFORMED? CERTIFICATION NO X O FUNERAL DIRECTOR: After this certificate the hospitol or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, affice blda., etc) Hour a.m. Nat While at wark be retained by 21 I certify that (12 (this haspital) attended the deceased from 4/30/66 __, 19____, that (we) last 10_7/13/66 and that death accurred at 6:15 PM from causes and an the date stated above 7/13/66 saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE Х M.D. DIRECTOR PHYS 22d. ADDRESS 22c PEYSICIAN'S director, po-John D. Talbert, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 7-20-66 Lafayette. Cemetery Lafayette. Alabama BURLAT Law Funeral Home 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE iarles VR A15 (4) 20 M 1/66 802 Medison Ave.



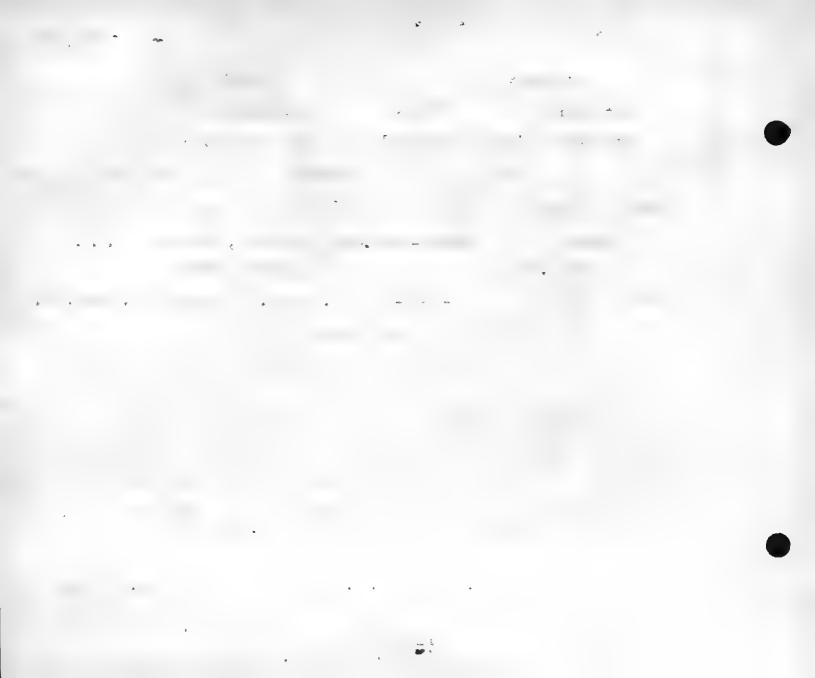
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Baltimore b. COUNTY Maryland atter MARYLAND b. CITY OR TOWN (if outs'de corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Baltimore 21206 Towson = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Filled d. STREET ADDRESS event, within 72 ON A FARM? 202 Potomac Avenue St. Joseph Hospital NO DO YES completely ve carbon p within NAME DE DATE Month Middle Last Day Year DECEASED Donald Gordon Marchsteiner Jr DEATH July 6 1966 (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED K last birthday) | Months | Male White Days Hours Miln. in any July 6, 1966 DIVORCED [30 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. RIRTHPLACE (County & State, or foreign country) ystelan ease during most of working life, even if retired) INDUSTRY and Baltimore, Maryland None NAME ᆸ removal. 14. MOTHER'S MAIDEN NAME attending permit. Then Chafin Donald Gordon Marchsteiner Sr. Mary L. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Address 17. INFORMANT 0 death cremation. Mr. Donald G. Marchsteiner, Sr. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: Immaturity IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) been gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. for use Health NO IZ YES 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) tached f Dept. of OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While - Not While After ATTENDING at work at work July 66 July 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the M. from the causes and on the date stated above. July 6. 1966 saw the deceased alive on. and that death occurred at 22a. SIGNATURE DATE SIGNED ATTENDING July 6,1966 reauce M.D. PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p NAME (Type) 7620 York Road Fernando Canon -21204DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 7/8/66 Moreland Memorial Cem. Baltimore Burial 24. TUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. Leonard J. Ruck Inc. 5305 Harford Rd. #14 VR A15 (4) DATE 20M



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ath.	CS532 CERTIFICATE OF DEATH
after death.	a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY) Baltimore MARYLAND A. STATE Maryland
hours aff d in by th rs. Page thours af	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Towson Baltimore 21206
filled papers. in 72 h	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) St. Joseph Fospital d. STREET ADDRESS 202 Potomac Avenue ON A FARM? YES NOT
	3. NAME OF First Middle Last J. DATE Month Day Year
and completely remove carbon I rany event, with	43. (Type or print) John Michael Marchsteiner DEATH July 6 19 66
n and c remov irany e	Male White WIDOWED DIVORCED July 6,1966 Jast birthday) Months Days Hours Min. 7 33
physician n please in valy end in	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. BIRTHPLACE (County & State, or foreign country)
口点 4	13. FATHER'S NAME
artending ermit, Ther in, or remov	Donald Gordon Marchsteiner Sr. Mary L. Chafin 15. WASDECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
the att t perm ation, c	No None Mr. Donald G. Marchsteiner, Sr. Same
has been signed by the sas the burial-transity prior to burial, cremains	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
detached for use a popt, of Health p	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
State Dept.	County C
3 should with the	21. I certify that (I) (this hospital) attended the deceased from July 6, 19 66, to July 6, 19 66, that (I) (we) last saw the deceased alive on July 6 19 66, and that death occurred at 10:36, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. ASSENTED STAFF Order (16)
director, page should be filed	22c. Physician's NAME (Type) Fernando Canon 7620 York Road - 21204
TO FUNERAL director, passioned be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 7/8/66 Moreland Memorial Cem. Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 1.25a. REC'D BY REGISTRAR 1.25b. REGISTRAR 1.
A15 (4) (A) 1/65	Leonard J. Ruck Inc. 5305 Harford Rd. #14 Date JUL 8 1966 gillarle Judge
DM 1/65 130	6-195367



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY b. COUNTY by the furnisher by the furnisher in the Maryland after Baltimore MARYLANO b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) hours 83 Days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 3025 Iorena Avenue YES NO. executed within 3. NAME OF Month Middle DATE Year First t ast **OECEASED** 1966 JULY 19 MARTIN JOHN W DEATH (Type or print) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED 3/20/22 White Male WIDOWED been signed by the attending physician at the burial-transit permit Their please re or to burial, cremation, or temoval, and in 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Baltimore, Maryland Fireman-Balto City Fireman 13. FATHER'S NAME MOTHER'S MAIDEN NAME Katherine Hurley John W. Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes pire war or dates of service) Clin.Records, VA Hospital, Ft. Howard, Md. 213-12-25-76 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the MONTHS DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE or attending physician. **OUE TO** ARTERIOSCLEROTIC HEART DISEASE YFARS Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the certificate has I thed for use as 1 ot. of Health prior underlying cause last r this certification of detached for use a near, of Health p CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? DIABETES MELLITUS NO V YES spital 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Itom 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) should be Hour a.m. Not While ATTENDING at work at work FUNERAL DIRECTOR: Af firector, page 3 should I hould be filed with the S to July 1966 1956 mtaine m 21. I certify that (this hospital) attended the deceased from April 19 66, and that death occurred att: 1544 from the causes and on the date stated above. saw the deceased alive on July 19 22b. DATE SIGNED 22a. SIGNATURE director, page should be filed v OIRECTOR PHYS. PHYS Page 4 may **ADDRESS** PHYSICIAN'S 22d. NAME (Type) SHELDON E. KALMUTZ'. HOSPITAL. FORT HOWARD MARYLAND (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 0 NEW CATHEDRAL BALTIMORE. MARYLAND REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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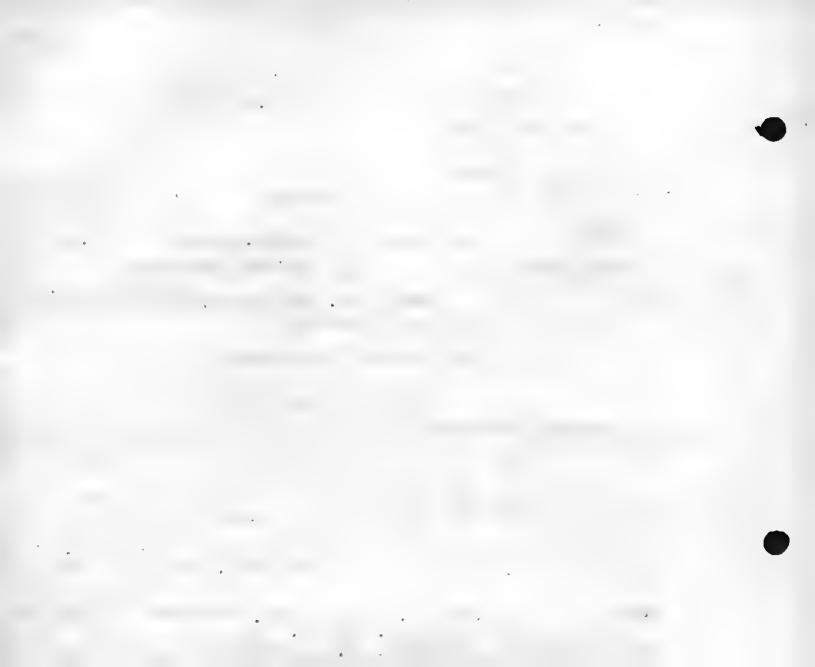
carban after de

remaye

death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 09536 0.9536deoth. 24 hours after death completely filled in by the funeral Taye corbon papers. Pagés 1 And PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Baltimore o. COUNTY o. STATE b. COUNTY Maryland MARYLAND C. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, papers. Page hin 72 hours write RURAL and give nearest town)
Catonsville 15vr9mth2ldya Baltimore d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 26h0 Matthews Street SPRING GRO VE STATE HOSPITAL NO low requires that the death certificate be executed within DATE 3 NAME OF Middle First Year DECEASED OF 19 66 July 22 McCaffrey James DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years and comp S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED St birthdoy) Months Hours March 23, 1905 DIVORCED and in any MIDOWED male white 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY UCOUNTRY? by the offending physicion ronsit permit. Then please Maryland 14. MOTHER'S MA DEN NAME 13. FATHER'S NAME or removo James McCaffrey Mary Lynch IS WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO Address 17 INFORMANT (Yes, no, or unknown) (If yes give wor ar dotes of service) STATE HOSPITAL unknown Records: S PRING GROVE cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN al-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac failure with pulmonary edema IMMEDIATE CAUSE (o) physicion. 4111 DUE TO signed burial, Arteriosclerotic cardiovascular disease Conditions, if ony, which gove bur. rise to immediate couse (a), DUE TO offending | stoting the underlying couse os the this certificate hos been WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 for use Heolth NO X TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACC DENT WAS UNDERLYING [of OR CONTRIBUTING TO CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour om. Not While foctory, street, office bldg., etc.) While State (19 of work at work 21. I certify that (1) (this hospital) attended the deceased from_ Sept. 2: 19.66, that (I) (WELL last M, fram causes and an the date stated above. sow the deceased alive an 1966, and that death accurred at 22b. DATE SIGNED 22o, SIGNATURE MED. ATTENDING 7-22-66 director, poge 3 should be filed v M.D. STATE HOSPITAL GROVE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Baltimore, Maryland 21228 Stella Wachsler. M.D. 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7/29/66 Baltimore Md. New Cathedral 25b. REGISTRAR S SIGNATURI ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1216 VR A15 (4) Funeral Home. S Charles 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) and 1. PLACE OF DEATH a. COUNTY Baltimore b. COUNTY a. STATE Maryland hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21234 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM 2522 Canterbury Road St. Joseph Hospital YES NO X executed within NAME OF DATE Month Middie Last DECEASED July C. John McGuire DEATH 19 66 (Type or print) AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 5. SEX last birthday) Months | Days White Male 5-21-21 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Back River RR Baltimore. Md. Yardmaster Pat. certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charlotte Engelhardt Charles A. McGuire 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Eunice Wheatley McGuire, wife, above 220-01-0966 INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bleeding Gastric Ulcer DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CAT Relapsing pancreatitis NO K YES PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) hed f (IF EITHER, NOTIFY MEDICAL EXAMINER) WEOICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While r While ATTENDING at work ___ at work 66 to July 4 19 66, that (I) (we) last June 25 21. I certify that (I) (this hospital) attended the deceased from 19 66 July 4. and that death occurred at _____M, from the causes and on the date stated above. saw the deceased alive on-DIRECT 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR July 4,1966 page PHYS. PHYS. M.D. FUNERAL irector, pa TO HOSPITAL ADDRESS PHYSICIAN'S NAME (Type) 8706 Avondale Road - 21234 B.B. Velez director should t 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7/7/66 Gardens of Faith Baltimore, Md. Cem. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Funeral Home, Brehms Lane A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH \$1. NAME OF DECEASED led within 24 hours after death 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence before Marulana til not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or locot onl (If autside city fimits, write RURAL and give township) campletely filled in INST TUTION Tallmore - 212/2 21212 Castle Onive D. STREET ADDRESS (If turol, give location) Castle Drive £5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (n years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday Months! Days (Xeolu) - Hours remave Sinole 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE State or foreign country) and 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? mayires that the death certificate be physician chen please of Recreation retired Baltimore, Maryland 3. FATHERS NAME Ebenezen McKay

15. Wos Deceased Ever in U. S. Armed Forces?

170s, no or unknown | III yes, give wor or dotes of service) Lucy Simpkins attending p 6. SOCIAL **ADDRESS** permit. SECURITY NO. Lelia Sawyer 520 (astle Drive No lo ne the signed by the burial-transit 18. CAUSE OF DEATH ONSET AND DEATH physician. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Page 4 may be retained by the haspital ar attending injury or complication which caused death.) the ANTECEDENT CAUSES OS DISEASES OR CONDITIONS, if any, giving use to the above cause (A) stating the far UNDERLYING CONDITION lost detached OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 22, I certify that (1) (this hospital) attended the deceased from and that in (my) four apintan death accurred on the date that (1) (we) lost saw the deceased offive an and hour and from the causes stated bave. (I) (We) (Add) (wid not) view the bady after death. shauid 23 & DATE SIGNED 23A. SIGNATURE Attending (E Med. Director Phys. Phys. 23 D. ADDRESS 23C.PHYSICIAN'S directar, 24D. LOCATION 24A. BURIAL CREMATION, REMOVAL (Specify) 24C NAME OF CEMETERY OF CREMATORY (City, town, or county) Baltimore, Maryland emetery ADDRESS 25C. FUNERAL DIRECTOR VR A15 (425A. DATE RECTO PE John A. Monan, Inc. 3000 E. Salto. 2III M 1/6



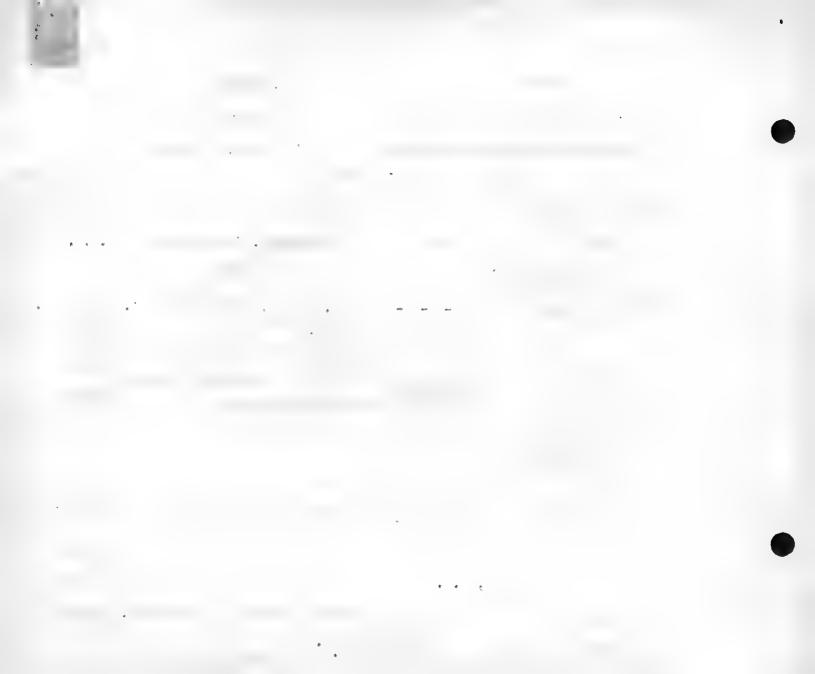
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	RYLAND
CS533 CERTIFICATE OF DEATH	9539
PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	ence before admission)
	/_
b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest town)
	l a lo prolingues
	a. IS RESIDENCE ON A FARM?
The state of the s	YES NO
DECEASED UTILE OF	Day Year
5. SEX 6. COLOR OR RACE 7 MARRIED = NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years If UNDER 1 YE	1966 ARJIFUNDER 24 HRS.
	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT
Manufand Roltimoro	IRY?
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
Morris Pritchett Anne Waldeck	
15. WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
218-05-5064A Charles P. McMonagle, husband	, above
(-R (-R (-R - R - R - R - R - R - R - R	NTERVAL BETWEEN
PARI I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral.	
OUE TO	
gave rise to immediate	
course (a) stating the	
[-]	19. WAS AUTOPSY
COAT	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(State)
P.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from July 10, 1966, to July 20, 1966	, that (I) (we) last
saw the deceased alive on July 20 19.66, and that death occurred at 4, M, from the causes and on the	
22a. SIGNATURE 22b. DATE ATTENDING MEO. STAFF WE 72b.	
	7900
NAME (Type) D.R. Govinda Rao, M.D. 7620 York Rd., Baltimore, Md.	21204
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	(State)
Burial (Specify) 7/23/66 Holy Redeemer Cem. Baltimore, Md.	
24. FUNERAL DIRECTORADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
3331 Brehms Lane	0
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAY CCCURT CC 533 CERTIFICATE OF DEATH B. CUNTY B. ALTIMORE D. CITY OR IOWN (if outside corporate limits, with Record to the County State of State in State St



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 death 24 haurs after death. ond 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. COUNTY o. STATE b COUNTY Baltimore Maryland Wicomico MARYLAND c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 71 Days Salisbury Fort Howard ely filled in toping papers IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO AUX Veterans Administration Hospital 312 Catherine Street The law requires that the death certificate be executed within sician and completely fill slease remove carban p 3 NAME OF First M ddle DATE Month Year DECEASED JULY 22 ALLEN (NMI) MC NATE 66 19 DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BRIM 9. AGE (In years NEVER MARRIED lost birthdoy) 6/15/85 Colored Male WIDOWED the ottending physician and sit permit. Then please rent 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working I fe, even if retired) INDUSTRY Tombsboro, Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, Mary Payne Alonzo McNair 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, po. or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Clin. Records. VA Hospital, Ft. Howard. Md. 56-20-88-33 HOUR STERVAL BETWEEN UNKNOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PULMONARY EDEMA signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY PULMONARY INFARCTION IMMEDIATE CAUSE (o) PULMONARY TUBERCULOSIS WITH ABSCESS UNKNOWN DUE TO burial. UNKNOWN Conditions, if any, which gove PULMONARY EMPHYSEMA (b) use to immediate cause (a), CARCINOMA OF PROSTATE, METASTATIS TO HILAR DUE TO r this certificate has been si detached for use as the b te Dept. of Health prior to b stating the underlying couse offending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? with the State Dept. of Health YES X NO Page 4 may be retained by the hospital or 205. DESCRIBE HOW INJURY OCCURRED: (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dd. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Hour om factory, street, office bldg, etc. Not While ot work After 22, 1966, that \$9 (we) last May 1966 to July 21. I certify that (1) (this haspital) attended the deceased fram.... 22 19 66, and that death accurred at 3:20 Maram causes and on the date stated above. saw the deceased alive an Inly O FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR 7/24/66 80 director, page 3 should be filed v PHYS. 22d, ADDRESS 22c. PHYSICIAN'S VA HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) WON JU HAHN, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ATION (City or Town)

Baltimore, Maryland 23b DATE THEREOF BURIAL, CREMATION REMOVAL (Specify) Baltimore National Cemetery 2004 Orleans St. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Wilson VR A15 (4) 20 M 1/66 Wilson Tuneral Home Baltimore.

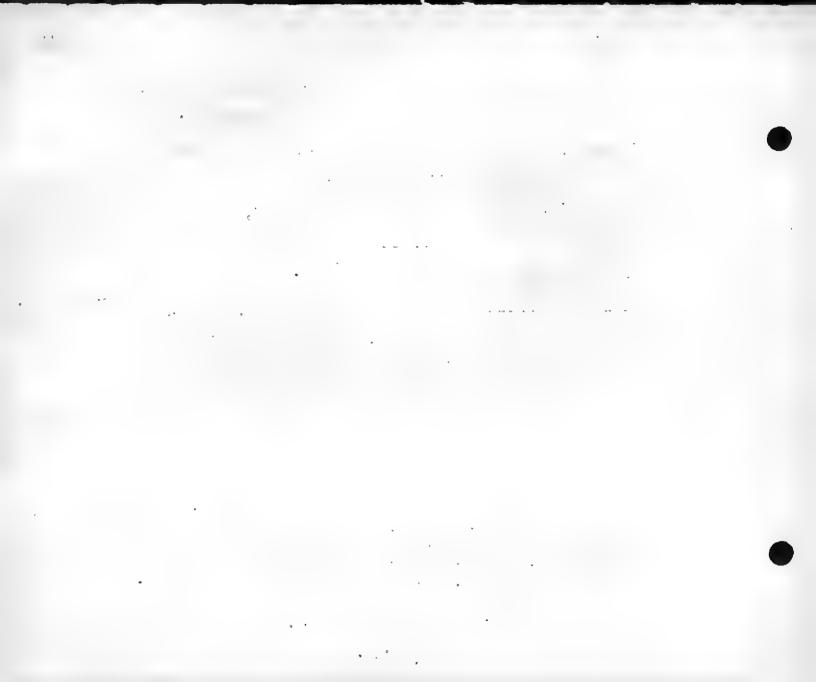
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CQ521 detailt requires that the deoth certificate be executed within 24 hours after deoth. filled in by the funeral papers Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE b. COUNTY Otimore MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NAME OF First Middie DATE Year Lost completely DECEASED 5 ead 1e (Type or print) 19 (DEATH event, S SEX AGE (In years last birthdoy) UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remove Months Days Hours WIDOWED DIVORCED ond in any 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working ite, even if retired) **INDUSTRY** COUNTRY? nucilear 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal. 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service) 219-32-0254 NTERVAL BETWEEN iB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Acute cardiac decompensation Sudden Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse Poge 4 moy be retoined by the hospital ar ottending peen os the prior to Chronic generalized atherosclerosis Tyears lost. 19 WAS AUTOPSY hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? for use Stote Dept. of Heolth YES NŌ this certificate 20g. ACCIDENT WAS JINDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Not While at wark **FUNERAL DIRECTOR: After** deceased from March 2, 1965, ta July 19, 1966, that (1) (we) last 1966, and that death accurred at 12304 M, from causes and an the date stated above. 21. I certify that (1) (this haspital) attended the deceased fram March director, page 3 should should be filed with the saw the deceased alive an Ju 22o. SIGNATURE 22b DATE SIGNED ATTENDING 7/19/66 M.D DIRECTOR PHYS PHYS. 22d. ADDRESS 22c PHYSICIAN'S East Chase St., City-2. Edwin B. Jarrent, NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BUR AL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Maryland Parkville 7-21-66 Parkwood Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1050 York Rd. Wm. Cook-Brooks Towson Inc.



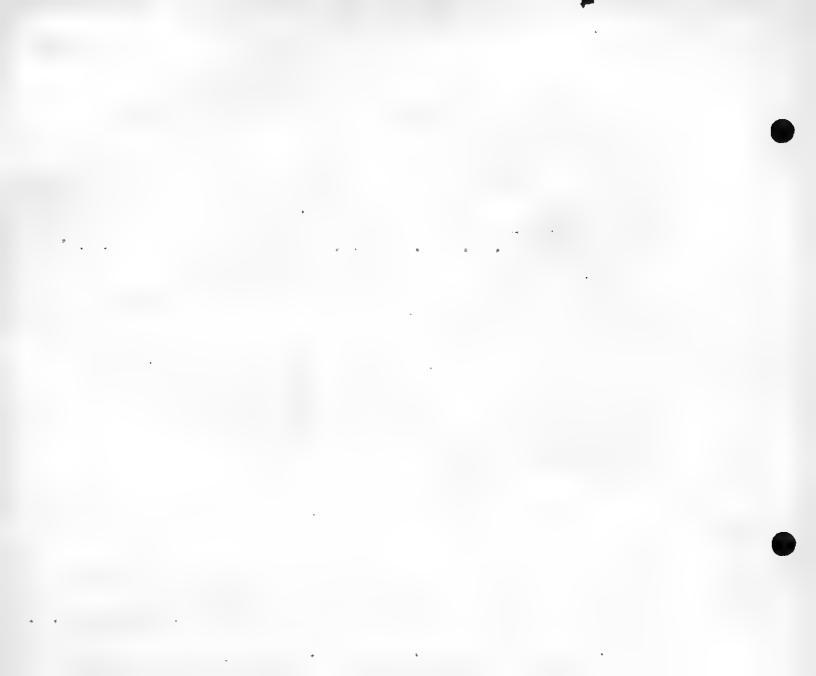
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.
= = = /	CS542 CERTIFICATE OF DEATH (19542
24 hours after death filled in by the funeral apers. Pages 1 and 2 no 72 hours after death.	1. PLACE OF DEATH
er fe	a. COUNTY Baltimore MARYLAND
is after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in by Pa	Towson bzi furdock na.
t ho led led 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
	Armacost Nursing Home Register & Alameda YES NO
ithii bon wit	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF 7/20/66
d w car rent,	(Type or print) JEANNETTE GOLDSBOROUGH MEEDS DF 7/28/66 19 5. SEX 6. COLDR OR RACE 7 MARRIED 18. DATE OF BIRTH 9. AGE (In years Funder 1 year 1 Funder 24 HR
rificate be executed within 24 hours in physician and completely filled in by then please remove carbon papers. Pagmoval, and in any event, within 72 hours.	Female White Manual To 107 (ast birthday) Months Days Hours Min
exe in an	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
be icial	during most of working life, even if retired) INDUSTRY COUNTRY? None Maryland
cate phys	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
The The	James McGregor Margaret (1)
death certifica he attending ph permit. Then ition, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFDRMANT Address
death ne atte permit tion, or	(Yes, no, or unkown) (If yes give war or dates of service) Miss Hetty A. Shearman 621 Murdock Rd.
ma y t	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:
at to sian.	420/ IMMEDIATE CAUSE (a) COPO NAVY DECIUS (OF)
The law requires that the or attending physician. Sate has been signed by the use as the burial transit auth prior to burial, cremains.	Conditions If any which DUE TO A LOUIS COLOR S
g pt g pt en s en s bu o bu	gave rise to immediate
aw req ttendin has be as the prior t	cause (a), stating the DUE TO underlying cause last. (c) (c)
law atten has e as h pric	
l: The la al or at ficate h for use Health	AEZ NO L
PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed becomed for use as the burlal-trante Dept. of Health prior to burlal, cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. p.m. 19 At work at work at work 19 At wor
ta pe	
L OR ATTENDING by be retained by UNECTOR. After age 3 should be filed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 1906 that (I) (we) la
ATT reta reta ccTo sp. Sp. vith	saw the deceased alive on 19 Co and that death occurred at 150M, from the causes and on the date stated above 22a. SIGNATURE
	Charles Ween M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 129 Kelyilos
may NAL I Dag	22c. PHYSICIAN'S NAME (Type) Charles H. Reier 22d. ADDRESS 6701 York Rd.
OSP See 4 UNE Sector	
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fill	236. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) BIRT AT BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) BIRT AT
3	24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Mitchell-Wiedefeld Home, Inc. 21212 DATE AUG 2 1966 Charles Godge
20M 1/65	5500 York Rd. 21212 DATE NO D 1000



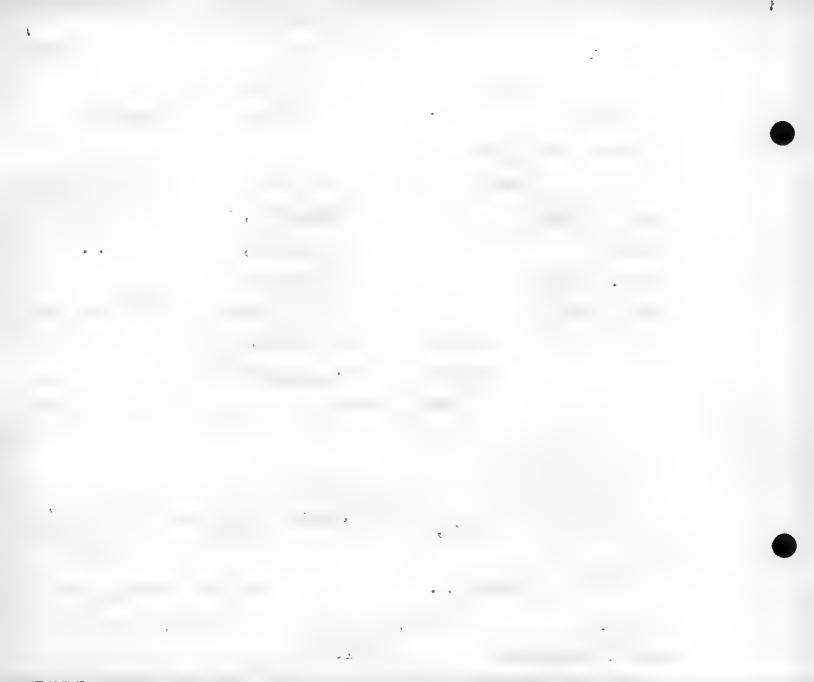
. DIVISION OF STATIST	MARYLAND STATE DI	EPARTMENT OF HI 5, 301 W. PRESTON ST	EALIN REET, BALTIMORE 1,	MARYLA
09543	CERTIFICAT		, , , , , , , , , , , , , , , , , , , ,	095
1. PLACE OF DEATH • COUNTY B		a. STATE MANAGE (Wha	b. COUNTY	Rasidence bal
b. CITY OR IOWN (if outside corporate	Imits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oylside	corporate limits, write RURAL a	nd give neere:
Sharen S	16 years	Sparks		
d. NAME OF TOSPITAL OR INSTITUTION	ON (if not In haspital, give street address)	STRET ADDRESS	Por D	
3. NAME OF DECEASED	First A Middle	Last 4. DA	TE Month	Day
(Typa or print) 6, COLOR OR R	a Thomas n	very on an I poe	ATH JULY	9
Mule stute	ACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 1	nurch 1898	9. AGE (In years of UNDER less birthdey) Age (In years) Months	Deys Ho
Oe. USUAL OCCUPATION (Give kind of done during most of working life, even if	work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Shat	e, or foreign country) 12. C	TIZEN OF W
13. PATHER'S NAME	1 James	14. MOTHERS MAIDEN NAME	, suce	45
Elijai	Testings hurryma	y Emil	ly hochar	e
15. WAS DECEASED EVER IN O.S. ARMED (Yes, no or unkown) (lives give were or dete	FORCES? 16. SOCIAL SECURITY NO. 17. In is of service)	FORMANT SIA	Address	<0
18 CAUSE OF DEATH [Enter only	one cause per line for (a), (b), end (c).	The state of	m dec	INJERY.
PART I. DEATH WAS CAUSED B	(a) Carcu cuato	uj		ENSET .
Conditions, if any, which	TO CAMER Of	Prostal	le le	24
gave rise to immediate ceuse	(b) Court	700 7000		- /
ceuse last.	(c)			
PART II. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT	FRELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	
200 ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter neture of injury in Part I or	Pert II of Item 18.)	YES
	N117			
20c. TIME OF INJURY Month, Dey	WhileNot While factor	E OF INJURY (Home, ferm, 20f. ry, street, office bldg., etc.)	(City or town) (Co	punly)
	19 at work at work	Anuary 30	July 1	06
saw the deceased alive on.	purpled the defeased from	death occurred at M. f	ron the causes and on t	he date st
22e. SIGNATURE	# Hoas	ATTENDING MED.	STAFF O	/ ,
22c. PHYSICIAN'S	M.D	ALDIE DISTANCE	PHYS. D 9 J	uly !
NAME (Type) WALT	ER I. KEES	Cockey	Eville.	The
23a, BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)			LOCATION (City, town or coun	ity)
Cremation 7-11	-66 Greenmount	25a, REC'D BY RI	altimore EGISTRAR 25b. REGISTRAR'S	SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE	ADDKESS	1 ZOM. RPC II RT PI		

MALTER TINEES

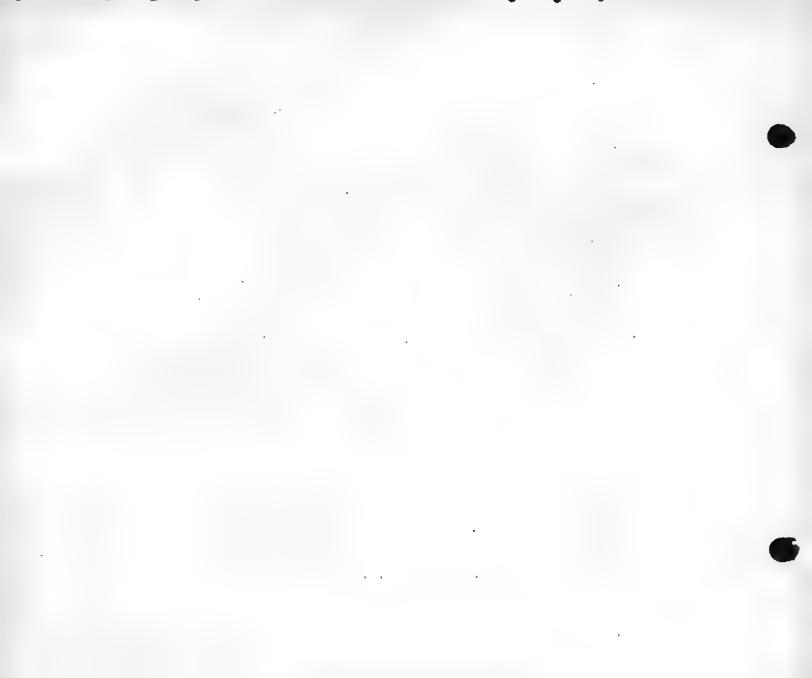
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09544 OF DEATH requires that the death certificate be executed within 24 haurs after death the attendings physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages, I and nation, of jemayal, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) COUNTY b. COUNTY Baltimue Maryland Baltimora MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (f outside corporate limits, write RURAL and give nearest town) 10mth10dys Sparrows Point. Maryland d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) SPRING GROVE STATE HOSPITAL YES NO X "E" Street 3 NAME DE First Middle DATE Month Day Year DECEASED July Miles 19 66 Marcus DEATH (Type or print) S SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 CDLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours Sept. 14, white male WIDOWED 2 DIVORCED 10a USUAL OCCUPATION (Give kind of work done during miss) if working life Result and it 12 CIT ZEN OF WHAT IOb. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign auntry) COUNTRYPA INDUSTRY Michigan unkaoun Police Beth. Steel Co. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Miles Timothy Sarah Hungerford IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) i(If yes give war or dotes of service) cremation, of STATE HOSPITAL Records: SPRING GROVE unknown INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Rterios claratic Canditions, if any, which gave (b) rise ta immediate couse (a) r this certificate has been sidetached for use as the b DUE TO stoting the underlying cause attending last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO Page 4 may be retained by the haspital ar 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 3 shauld be detached with the State De∎t. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While at wark O FUNERAL DIRECTOR: After 1965 , to July 11 21. I certify that ? (this haspital) attended the deceased fram. Aug. , 1966, that (I) (we) last 19 66, and that death accurred a 50 PM, fram causes and an the date stated above. saw the deceased glive an Vu 22b. DATE SIGNED 22a SIGNATURE M.D. directar, page : ■hould be fil≣d 22c PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. ¿OCATION (City or Town) (Stote) BURJAL (REMATION (County) REMOVAL (Specify)
Burial Cedar Grove Cemetery 7/15/66 Flushing, Long Island N. Y. 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 John J. Duda 7922 Wise Ave. Dundalk, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09545 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY " MARYLAND b. COUNTY BALTIMORE MARYLAND b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD RHODESDATE 31 DAYS DORCHESTER d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e. IS RES DENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO 3 NAME OF First Midd e Lost 4 DATE Month Doy Year ÷ X rsician and campletely please remove carban DECEASED OF 1966 THOMAS MARVEL MITLIGAN JUIY 23 (Type or print) DEATH F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** evi lost birthdoy) Months Hours Days SEPTEMBER 12, 1910 MATE WHITE WIDOWED DIVORCED the attending physician and sit permit. Then please rem 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farming BROOKVIEW, MARYLAND FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, DORA LOWE FRANK MILLIGAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) [(If yes give wor or dates of service 218 05 96 25 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY INSEL AND DEATH IMMEDIATE CAUSE (0) ENPYRMA DUE TO UNKNOWN ORGANISM DUE TO GANGRENE, LEFT LEG, DUE TO ARTERIOSCLEROTIC Conditions, if any, which gove 15 davs rise to immediate couse (a), OBLIT TERANS r this certificate has been si detached for use as the b te Dept. af Health priar ta bi DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been unknown (c) PULMONARY EMPHYSEMA lost 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION 3 shauld be detached for use with the State Dept. of Health NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED -20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram June 22 , 19 66, to July 23, 19 66 that (1) (we) last saw the deceased alive an July 23, 19 66, and that death accurred at 1100 M, fram causes and an the date stated above. 22b DATE SIGNED 7/24/66 220 SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) HAHN. M.D. Fort Howard, Maryland WON Hospital JŪ 23o. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) July 26, 1966 Washington Cemetery Hurlock, Maryland 250 REC'D BY REGISTRAR Federalsburg VR A15 (4) 20 M 1/66 Frampton Funeral Maryland Home



CESTS CERTIFICATE OF DEATH 1. PLAGE DE DEATH 2. USUAR RESIDENCE (Where deceased lired, If institution: Residence before admissing a country Baltimore MARYLAND b. CITY or YOWN (if clustide corporate limits, write RURAL and give nearest town) TOWS ON d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital NAME DF INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital NAME DF INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital NAME DF INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital NAME DF INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital NAME DF INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital, give street address) NAME DF INSTITUTION (if not in hospital with give heart address) NAME DF INSTITUTION (if not in hospital with give heart address in hospital give heart in hospital give he		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Baltimore D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) TOWSON St. Joseph*s Hospital Nember of Hospital OR INSTITUTION (if not in hospital, give street address) St. Joseph*s Hospital Nember of Hospital OR INSTITUTION (if not in hospital, give street address) St. Joseph*s Hospital Nember of Hospital OR Institution of individual properties of the part of the p		
TOMOSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Joseph's Hospital or National in hospital, give street address) St. Joseph's Hospital or National in hospital, give street address) St. Joseph's Hospital or National in hospital, give street address) St. Joseph's Hospital or National in hospital, give street address) St. Joseph's Hospital or National in hospital, give street address) Henry J. Mills Day Year On Arm Avonue Year On A FAMM St. Joseph's Homey J. Mills Day Year On Arm Avonue Day Year On House or National Day Year On Arm Avonue Day Yea	1.	a. CDUNTY Baltimore MARYLAND a. STATE D. COUNTY MARYLAND
St. Joseph*s Hospital 14407 Glen Arm Avenue Yes No.		write RURAL and give nearest town) Towson Baltimore #6
3. MANE DPT 17799 or print) 18. SEX 18. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH STO. 18. DATE OF BIRTH STO.		ON A FARM?
Type of print) Hearry J. Mills S. DATE OF BIRTH 1870 S. ARE (In years' Funder 1 Year Y	3.	NAME DF First Middle Last 4. DATE Month Day Year
National	5.	(Type or print) Henry J. Mils DEATH July 23 1966
INDUSTRY Retired_Self Mills Confectionary Virginia U.S.A.		Male White WIDDWED DIVORCED September 29, 95 yrs. Hours Min
13. FATHER'S NAME Henry Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or dates of service) 16. SDCIAL SECURITY ND. 17. INFORMANT Mrs. Lilian Stevens 4407 Glenarm Ave. 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left lower lobe lobar pneumonia Underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (c) Herry III (c) Herry IIII (c) Herry III (c) Herry III (c)	10 du	ring most of working life, even if retired) INDUSTRY COUNTRY?
15. MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 18. Lilian Stevens 4407 Glenarm Ave. 18. CAUSE DE DEATH (Enter only one cause per line for (a), (b), and (c).1	1	Retired-Deli Fills Confectionary Virginia U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
(Yes, napor unknown) (If yes pire war w dates of service) Mrs. Lilian Stevens 4407 Glenarm Ave.	1	E WAS DESCRIPTED IN LO ADMEDITION OF THE SPECIAL SPECI
PART I. DEATH WAS CAUSED BY. Home Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Ċ	es, negor unkown) (If yes give war or dates of service) Mrs. Lilian Stevens 4407 Glenarm Ave.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED YES IN NO 200. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left of them 18.) 201. I CERTIFY that (I) (this hospital) attended the deceased from July 22		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left lower lobe lobar pneumonia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. factory, street, office bldg., etc.) 21. I certify that (i) (this hospital) attended the deceased from July 22 , 19.66, to July 23, 19.66, that (i) (we) I saw the deceased alive on July 23, 19.66, and that death occurred ap: 45 M, from the causes and on the date stated about 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M.D. PHYS NAME (Type) La		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebidg., etc.) 21. I certify that (!) (this hospital) attended the deceased from July 22 , 1966, to July 23, 1966, that (!) (we) I saw the deceased alive on July 23, 1966, and that death occurred ap: 45 M, from the causes and on the date stated about 22a. SIGNATURE 22c. PHYSICIAN'S Lawrence F. Misanik, M.D. PHYS DIRECTOR PHYS. EX July 23, 1966 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Parkville, Idd. 24. FUNERAL DIRECTOR PARKWOOD Cemetery Parkville, Idd. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE IN July 27, 1966	CATION	
Hour a.m. p.m. 19 While at work State State State 21. Certify that (!) (this hospital) attended the deceased from July 22 1966, to July 23, 1966, that (!) (we) I saw the deceased alive on July 23, 1966, and that death occurred at the causes and on the date stated about 22a. SIGNATURE 22c. Physician's NAME (Type) Lawrence F. Misanik, M.D. MED. DIRECTOR Phys. MED. DIRECTOR Parkwood Parkwood Cemetery Parkville, Med. Med. Parkwood Parkwoo	CFRTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)
21. I certify that (!) (this hospital) attended the deceased from July 22 , 1966, to July 23, 1966, that (!) (we) saw the deceased alive on July 23, 1966, and that death occurred at 1.45 M, from the causes and on the date stated about 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S Lawrence F. Misanik, M.D. 22d. ADDRESS 7620 York Road, 21204 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Parkviole, Id. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Parkville, Id. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Parkville, Id. 24a. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR, 25b. REGISTRAR, 25b. REGISTRAR, 25b. REGISTRAR, 25c. REGISTRAR	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
22c. PHYSICIAN'S NAME (Type) Lawrence F. Misanik, M.D. 22d. ADDRESS 7620 York Road, 21204 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUTIAL 7/26/66 Parkwood Cemetery Porkville, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE III lrich Fineral Home 4210 Belair Road 1111 2 7 1966 Washington		saw the deceased alive on July 23, 19 66, and that death occurred ap: 45 M, from the causes and on the date stated about 22a. SIGNATURE 22b. DATE SIGNED
Burial (Specify) 7/26/66 Parkwood Cemetery Parkville, Md. 24. Funeral Director Address 25a. Rec'd by Registrar 25b. Ree's trans's signature 1111 rich Finneral Home 4210 Belair Road 1111 27 1966 Charley Judge		22C PHYSICIAN'S 1 22d, ADDRESS
24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE ITHIRICH FUNERAL HOME 4210 Belair Road 1111 9.7 1966 Thomas 1969	2	
		4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE Tilrich Funeral Home 4210 Belair Road 1111 27 1966 Thanks Judge



1.2-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
F 20 5	CS547 CERTIFICATE OF DEATH	9547		
24 hours after death. filled in by the funeral apers. Pages 1 and 2 nn 72 hour after death.	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence as STATE b. COUNTY MARYLAND	nce before admission)		
by the Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) Baltimore C. LENGTH OF STAY IN 1b Baltimore 21212	give nearest town)		
24 hours filled in papers. Pin 72 hour	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Joseph Hospital d. STREET ADDRESS 1234 E. Belvedere Ave.	e. IS RESIDENCE DN A FARM?		
within letely rbon p	3. NAME OF First Middle Last 4. DATE Month D. DECEASED DF 7	ay Year		
executed within 24 hours and completely filled in by remove carbon papers. Pan any event, within 72 hours	(Type or print) Walter Danie Minahan DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATZOF BIRTH male white widowed Divorced 2/01/11 9. AGE (in years if Under 1 years) is birthday) Months Days	AR HFUNDER 24 HRS.		
40	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZE COUNT 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZE COUNT 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZE 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZE 13. BIRTHPLACE (County & State, or foreign country) 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. CITIZE 15. BIRTHPLACE (County & State, or foreign country) 16. KIND OF BUSINESS OR 16. BIRTHPLACE (County & State, or foreign country) 17. CITIZE 18. BIRTHPLACE (County & State, or foreign country) 18. BIRTHPLACE (Country & State, or foreign country) 18. BIRTH	EN OF WHAT		
tificate ng physi herr ple	Jeel Worker Both. Stool Co. Penna. U 13. FATHER'S NAME James Minahan 14. MOTHER'S MAIDEN NAME Mary Read			
ath cer attendir rmit. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 472-03-8480 Mrs. Evelyn (. Minahan (ama)		
SICIAN: The law requires that the death certificate be consisted or attending physician. It is certificate has been signed by the attending physician ached for use as the burial-transit permit. They please ept. of Health prior to burial, cremation, or remoderation.	1 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), 1	TERVAL BETWEEN NSET AND DEATH		
PHYSICIAN: The law requires that the hospital or attending physician. this certificate has been signed by detached for use as the burial-transe Dept. of Health prior to burial, creating the control of	Conditions, if any, which gave rise to immediate Due to Extensive necrosis of liver.			
aw requi	cause (a), stating the underlying cause last. Due to Carcinoma of bladder,	9. WAS AUTDPSY		
M: The law itial or attentificate has for use as for Health prior	TEAT.	PERFORMED?		
PHYSICIAN: the hospital this certifi detached fo				
NG PHY by the tter this be deta state De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 4 4 4 4 4 4 4 4 4	(State)		
TO HOSPITAL OR ATTENDING PHY PAge 4 may be retained by the for Funeral Director. After this director, page 3 should be detailed with the State Director.	21. I certify that (i) (this hospital) attended the deceased from July 7, 19 to July 7, 1966, saw the deceased alive on 1966, and that death occurred at 8 40 M, from the causes and on the d	that (I) (we) last late stated above.		
AL OR AN DIRECT DIRECT NAME OF A DIRECT	M.D. ATTENDING MED. STAFF July 8	1966		
TO HOSPITAL OF PAGE 4 may be to Funeral Didirector, page should be filed	NAME (Type) D.R. Govinda Rao, M.D. 7620 York Rd. Baltimore, Md.	(State)		
101 101 101 101 101 101 101 101 101 101	Burial (Specify) 7/11/66. Baltimore National Cem. Baltimore, ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SH	Md.		
VR A15 (4) (M) 20M 1/65	Leonard J. Ruck Inc. Balto. Md. 21214 DATE JUL 11 1966 Milarl	ly Judge		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 005/2 funeral hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b. COUNTY** Pages 1 Baltimore Md MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b filled in by papers. Pag hin 72 hours write RURAL and give nearest town) Catonsville Catonsville B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 within NO X 309 Ingleside Ave 309 YES Ingleside Ave within completely we carbon p event, within 3. NAME OF First Middle Last DATE Month Day Year DECEASED SOPHIA LULA MITTEN 7 28 DEATH 66 (Type or print) 19 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and con 5. SEX DATE OF BIRTH NEVER MARRIED last birthday) Months ! Days any 7/26/92 Female White WIDOWED T DIVORCED [= 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Housewife Own Home Maryland USA Certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетома Benjamin Cerf Minnie Kern 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 21227 Ь permit. (Yes, no. or unkown) I (If yes nive war or dates of service) death cremation, No Mrs Helen Kinsey 508 Carlsbad Ct. Balt. Md. the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremat ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: C12 IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, as Dri CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use PERFORMED? NO [YES [5 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f e Dept. of l MEDICAL 20c, TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. Not While After p.m. 19 at work at work 1966. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should led with the and that death occurred at _M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS. BI 22d. ADDRESS FUNERAL 22c. PHYSICIAN'S director, p NAME (Type) LL300 LIBEKTY BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Catonsville, Md. Raltimore National /1/66 Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Michaelen Baltimore, Md. 21202 למנו Wm. Wook-Brooks Inc. VR AI5 (4) 20M 1/65



funeral director, uld be filed with

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attending

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may be retain O FUNERAL pag≡ 3 shoule

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09551 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) rate Department of hours after death. o. COUNTY o. STATE b. COUNTY MARY, AND Baltimore Baltimore delay b CITY OR TOWN (If auts de carporate l'mits, write RURAL ond give neorest town) CLENGTH OF STAY IN 1h. c CIY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Essex (21) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 405 Riverside Dr. Esstern Ave. &Back River Neck Rd. YES TO NO THE in Item 18 Give Pages after death 3. NAME OF 4. DATE with the Stowithin 72 I First Lost Month DECEMSED (Type or print) MORLEY DEATH July 10. MAT.I.TAM MERLE S SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED A birthday) Months Doys Hours Oct. 12, 1944 White Male DIVORCED event 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT LISQUINTRY? Balto. Co., Md. id "pending" in pencil in Chief Medical Examiner's 13 FATHER S NAME 14. MOTHER S MAIDEN NAME This certificate should be executed within Robetine McNeil William L. Morley WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCA, SECURITY NO (Yes, no, or unknown) [(If yes give way or dates of service removal. 40 1648 William L. Morley 217 Yes Same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH s o burial-transit cremation, or n IMMEDIATE CAUSE (o e, writing the word forworded to the Ch DUE TO Conditions, if only, which gave rise to immediate couse (g). **DUE TO** stoting the underlying couse used as buriol, a lost WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) NO its designoted agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II & PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Pay Year 20d INIURY OCCURRED (City or town) (County) factory, street, office bldg , etc) Not While may be retained for your FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autopse DT Inspection and in my opinian Accident 🔽 death resulted fram Natural causes Suicide . Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASS STANT MEDICAL EXAMINER Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** C. Patterson, M.D. 105 Main St. ABandallov, 22, or Molay NAME (Type) Theo. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION, (County) 90 7/15/66 Balto. National Cemetery Baltimore, Md. 2Sb REGISTRAR S SIGNATURE VR A15ME (\$



MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH	
TE_	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A 9552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19559
EPT.	PLACE OF DEATH a. COUNTY Baltimore Maryland b. CITY OR TOWN (if outside corporete limits, write RURAL end write RURAL end give neerest town) Oddawn 2. USUAL RESIDENCE (Where deceased lived, if 'institution: Re Maryland b. COUNTY Maryland c. CITY OR TOWN (if outside corporete limits, write RURAL end limits) Poddawn	/
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 1927 Rolling Rd(Woodlawn -Balto.Co.) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 4. STREET ADDRESS 469 Walton Court(McCulloh, Hol	.mes o. IS RESIDENCE ON A FARM YES NO 2
	(Type or print) Bertha Morris Death July 22, SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
i i	WIDOWED DIVORCED PULLY 4, 1904 62 yrs.	Days Hours Min. ZEN OF WHAT COUNTRY A
A	Ifred Handy S. WAS DECEASED EVER IN U.S. ARMED FORCES? (as, no, or unknown) (Ifyesgive were redeles of service) (21) 226-1154 George Morris-469 Walton Court (McC	ulloh Holme
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause (a), stating the underlying DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	INTERVAL BETWEEN ONSET AND DEATH LEV'S 100, 19, WAS AUTOPSY
CERTIFICATION	Type tensive C1, Risease - Chesity 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF OF DEATH. CAUSE OF DEATH.	YES NO X
MEDICAL		
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	and in my opinion
	ACTUAL SIGNATURE A. A. CARLOS ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Ι.	REMOYAL (Specify) 7/26/66 RAPLES M. D. Address (Street, city, town, or county) 22c. NAME OF CEMITTRY OR CREMATORY REMOYAL (Specify) 7/26/66 Mt Auburn Cemetery Baltimore Maryland	7-23-166 (State)
2 1	3. FUNERAL DIRECTOR ADDRESS 24e. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIG	NATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09553 CERTIFICATE OF DEATH 09553Funeral s 1, and 2 ter death. the death certificate be executed within 24 hours affilir death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY o. STATE b COUNTY MARYLAND by the r ALLY OR TOWN (If outside corporate I mits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) event, with n 72 hours papers. d STREET ADDRESS e IS RESIDENCE ON A FARM? .⊆ NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled YES NO 3. NAME OF Midela DATE Month Year First Last Doy DECEASED OF 7) 19 60 DEATH (Type or print) 5 AGE (In years lost birthdoy) IF JNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Dovs Hours DIVORCED WIDOWED 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) NDUSTRY COUNTRY 2 13. FATHER'S NAME S MA BEN NAME erSON MOC attending poermit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (Iff yes give wor or dates of service) Б ecorDS crematian, 18. CAUSE OF DEATH (Enter only one couse per line for, (o), (b), and (c)) INTERVAL BETWEEN fransit ONSET AND DEATH PART I DEATH WAS CAUSED BY. The law requires that IMMEDIATE CAUSE (o) þ DUE TO signed l Conditions, if any, which gove (b) nse to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital ar attending as the priar ta lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate has be detached for use State Dept. of Health YES -NO MILYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work at work **DIRECTOR:** After 19 6 (+that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 66, and that death occurred at 220 M, from causes and on the date stated above sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN" O FUNERAL NAME (39 230 BURIAL, (REMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify)

RIPTIAL

24 FUNERAL DIRECTOR Liberty Rd. Carrell 7/9/66 25b. REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR lianter VR A15 (4) 1966 Lering Byers -8728 Liberty Rd. Randallstewn. 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 09554 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) be executed within 24 haurs after de a COUNTY o STATE Baltimore MARYLAND Baltimore c. LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest tawn) b CTY OR TOWN (If outside corporate limits, write RLRAL and give negrest town) Lifetime rikesville 8.Md d. NAME OF HOSP TAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS 201 Sudbrook Lane, Pikesville S. Fd. 201 Sudbrook Lane, Pikesville & III. NO A Middle 3 NAME OF Firet 4 DATE Doy 1 DECEASED Margaret (Type or print) Marv Mowbray DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH > AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last bisthday) Months White WIDOWED DIVORCED Female. IDa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TO UITED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreigh country) COUNTRY? INDUSTRY Fields Pharmacy Pikesville, Ma.

14. MOTHER'S MAIDEN NAME requires that the death certificate 13. FATHER'S NAME Robert Corbett Catherine Winand IS WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address ivid . (Yes_ao, ar unknown) ((If yes give war ar dates of service) 214 = 26 - 6420 Miss Mary Corbett. 201 Sudbrook Lane, Pilo . 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY-INTERVAL BETWEEN IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse has been 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 🔀 O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY DECURRED (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c TIME OF INJURY Manth, Day, Year (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this hospital), attended the deceased from Feb 19 19, to July saw the deceased glive on 7 4/1/1 37 196 and that death occurred at 5.54 M, fram rauses and on the date stated above 22b. DATE & GNED 22a. SIGNATURE **ATTENDING** DIRECTOR M.D. director, page Shawid be filed 22d ADDRESS 22c PHYS/CIAN NAME (Type) 133/ Reisterstown Road, rikesville8nd Dr. Jakes A. Miller. M.D. shauid 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) July 30.1966 Druid Ridge Censtery rikesville 8. id. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09555 OF CERTIFICATE DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH Sallymore 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) b. COUNTY b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 outside carporate limits, write RURAL and a ve nearest town) write RURAL and give neorest town) prattimere IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street address) d. STREET ADDRESS NO F 3 NAME OF DATE Month Year DECEASED 1966 DEATH (Type or print) IF JNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE **NEVER MARRIED** Jast b rthday) DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most at warking life, even if retired) HOUSE WIF 13. FATHER S NAM 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burnal-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), **DUE TO** stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS?
PERFORMED? Neumorna NO X O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY-MEDICAL EXAMINER TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) factory, street, affice bldg., etc.) ital) attended the deceased fram 7 - 1 - 19 to 10 to 17 - 17 , 19 to 18 that (I) (we) last 19 EG, and that death accurred at 3 ELPM, from causes and an the date stated above 21. I certify that (I) (this haspital) attended the deceased fram Z - I = I. 19-4, that (I) (we) last saw the deceased alive on ? 22a. SIGNATURE 22b. DATE SIGNED X DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (State) (County) GLENCOE, CHURCH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY m. STATE b. COUNTY after Ma. Balto. papers. Pages 1 in 72 hours after Balto. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ۾ write RURAL and give nearest town) hours Years .5 Cattonsville Balto. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? 824 Sulphur Spring Rd. NO X Shady Nook Nursing Home YES withi etely executed within completely we carbon NAME OF First Middle Last Month Year OECEASED event, 1 William Muhl 5. (Type or print) July 1966 DEATH 19 and con remove any eve 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours Male White WIOOWEO IX DIVORCEO May 11. 1885 80 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .= 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT has been signed by the attending physician as the burial-transit permit. Then please i prior to burial, cremation, or removal, and in þ INOUSTRY COUNTRY? Balto. Md. Glass Blower death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME Unknown Otto Muhl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Balto. Md. Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Frank Ludwig 824 Sulphur Spring Rd. 212-10-8272 18. CAUSE OF CEATH [Enter only one cause perfure for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY retained by the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION After this certificate had be detached for use a state Dept. of Health p WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. PERFORMEO? NO [YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While ATTENDING at work p.m. 19 at work 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1960 19.6 .M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22a. SIGNATURE 22b. OATE SIGNED Page 4 may be page MED. STAFF DIRECTOR M.O. O FUNERAL I director, pag should be fil PHYSICIAN'S 22c. 22d. ADDRESS √NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Meadowridge Cem. July 8, 1966 Balto. Md. Burial 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 1966 VR A15 (4) Truman Schwab 3512 Frederick Ave. Balto. 1/65



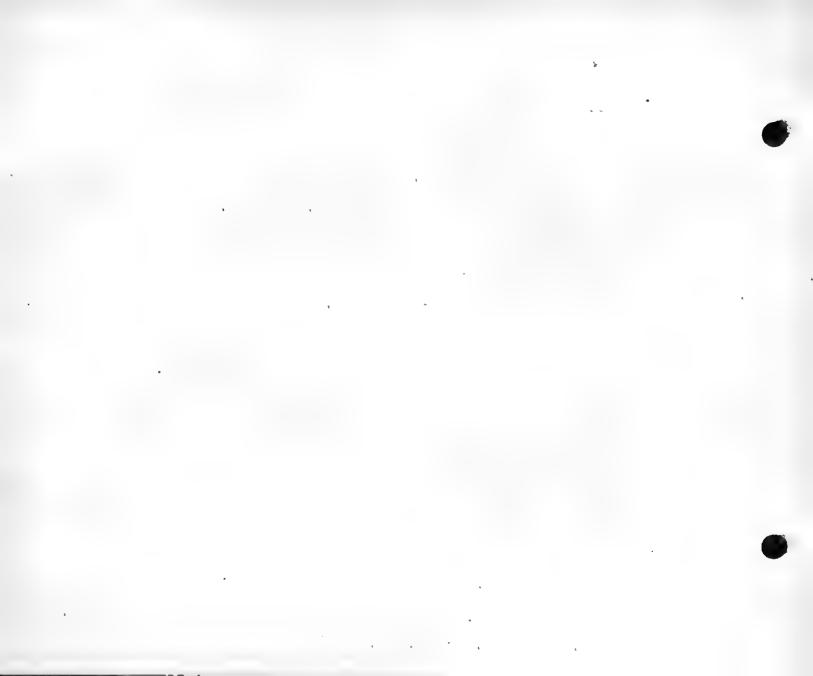
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTS 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH D COUNTY a. STATE b COUNTY deloy is and 3 to Page MARYLAND BALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

LANSDOWNE CLENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) and P.M3 LANSDOWNE d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) 21227 35 THIRD AVENUE 21227 XXON THIRD AVENUE Give Pages 3 NAME OF M.dd e 4 DATE Month Year ost ÖF DECEASED JULY MURPHY CT.EMENT H. 19 66 Type or print) DEATH FUNDER 24 HRS DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED lost birthdov) Months Hours tem 18 WHITE W DOWED DIVORCED 1 - 12 - 189175 MALE 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) INDUSTRY. COUNTRY? during most at working life, even if retired) U.S.A. GOVERNMENT MARYLAND CUSTOMS gny 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME This certificate should be executed within Ξ JAMES MURPHY SARAH WHELAN puo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates of service) removal, MR: JOHN J. ECKMAN, 1221 GREYSTONE ROAD 21227 WW I NONE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY Ы IMMEDIATE CAUSE (o) writing the word cremotion, DUE TO arterio Cardio Conditions, if any which gove nse ta immediate couse (a), DUE TO stoting the underlying couse 0 last burial, 1 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO YES 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port I of Item 18.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d M.JRY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or fown) (County) (Stote) Not While foctory, street, office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work 2) I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 12% Inquiry and in my opinion Suicide the funeral director death resulted fram-Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1 **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) GEORGE S. M. KIEFFER LEEDS AVENUE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) 0 BURLAL (Specify) MARYLAND 7-11-66 NEW CATHEDRAL CEMETERY RALTIMORE. REGISTRARS SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 250 REC D. BY REGISTRAR VR A15ME HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Baltimore after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ģ write RURAL and give nearest town) Baltimore Baltimore .E filled papers. INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? troonne Urive Nursing Home NODE completely 1 NAME OF Middle Last 4. DATE Month DECEASED OF 66 event, DEATH 19 (Type or print) HF UNDER 24 HRS and con 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR iast birthday) Months 1 Hours any temale WIDOWED DIVORCED attending physician a ermit. Then please re my of Termyal, and in a and in 10b. KIND OF BUSINESS OR 1P. BIRTHPLACE 10a. USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? //C þe during most of working life, even if retired) ervice tired On that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME trederick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT O FUNERAL DIRECTOR. After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, of (Yes, no, or unkown) | (If yes give war or dates of service) 4600 18. CAUSE OF DEATH [Enter only one cause ber line to INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INFART 1(a) NO. YES' 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. (County) 20f. (City or town) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 8 saw the deceased alive or M. from the causes and on the date stated above. DATE SIGNED ATTENDING PHYS. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) York (State) LOCATION (City, town or county) BURIAL, CREMATION. CEMETERY OR CREMATORY REMOVAL (Specify) ltimore. emete 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) 15M 4-64



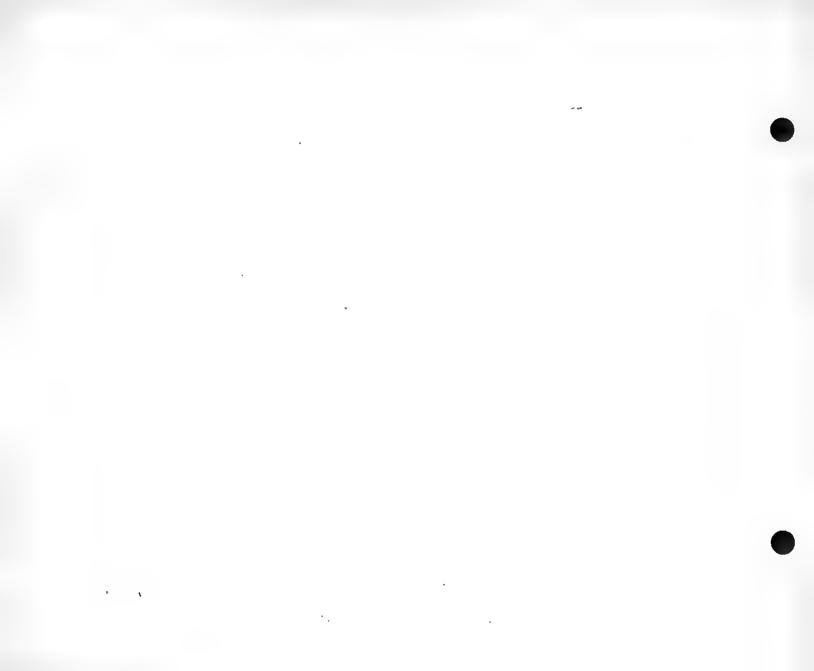
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission) a. COUNTY b. COUNTY 2, and 3 to PM3. Page death Balto. Baltimore MARYLAND deloy portment c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outs de carporate I mits, wr te RURAL and give negrest town)
Randallstown after D.O.A. Baltimore 8 d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S' RESIDENCE Del hours ON A FARM? 4702 Three Oaks Rd. Balto. Co. Gen. Hosp. in Item 18. Give Pages ate YES NO PA 24 hours after death. with the Sta within 72 h NAME OF Middle 4 DATE Inst Manth Yegr DECEASED E. OF July William Newton (Type or print) DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED last b thday) Manths Doys Hauts Male White Sept. 2, 1914 WIDOWED DIVORCED event 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Sears Roebuck COUNTRY? Balto. Md. ONY Manager auto parts 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME pencil This certificate should be executed within .⊑ Clara K. Wise William G. Newton puo Q5 臣 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address Balto.8. Md. (Yes, na, or unknown) (if yes give war at dates of service) removol, 212-09-3929 Mrs. Martha E. Newton-4702 Three Oaks Rd.. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH DEATH WAS CAUSED BY Coronary Occlusion 0 IMMEDIATE CAUSE (a) cote, writing the word be forwarded to the Ch cremotion, DUE TO Conditions, if any, which gove nse ta immediate cause (a) DUE TO stating the underlying cause 0 used os buriol, c PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? pleose execute the certif cote, NO K YES 9 þ 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part I of item 18) prior plnous PRIMARY Or CONTRIBUTING S. CAL EXAMINER: CAUSE OF DEATH none CAL 20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg , etc.) Nat While FUNERAL DIRECTOR: Page none 10 at wark at wark designoted 21. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspect on X, Inquiry X, and in my opin an director. Noteral causes . Accident death resulted from: Suicide | Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE the funerol DEPUTY MEDICAL EXAMINER X 10 **EXAMINER'S** 7-11-66 NAME (Type) D. D. Caples, M. D. 6 Hanover Rd. Addre & first become pty) Md. Health BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (State) 0 DEMONSTER PORTY Cen MCCELAND MENTOFIAL PATKVILLE BACTO. 24. FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE VR ATSME (5) VOVTH -TICKIVETTSom. 6M 1/66



DIVISION	MAR OF STATISTICAL RESE	YLAND STATE DEI ARCH AND RECORDS	PARTMENT OF , 301 W. PRESTO	· HEALTH N STREET, BALI	TIMORE 1, M	IARYLAND
09560		CERTIFICAT	E OF DEATH	1		09560
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND			I, If institution: R	esidence before admission)
b. CITY OR TOWN (write RURAL and Towson	outside corporate limits, d give nearest town)	c. LENCTH OF STAY IN 1b	1	outside corporate ilm Ba ltimore	ilts, write RURAL 21212	and give nearest town)
d. NAME OF HOSPIT	St. Joseph Hosp		d. STREET ADDRESS	95 Dunkirk	Road	9. IS RESIDENCE ON A FARM? YES NO 12-
3. NAME DF DECEASED	First	Middle	Last NOTA	4. DATE OF	Month July	Day Year
	Anna COLOR OR RACE 7. MARRIED White WIDOWED	INTEREST INTEREST	. OATE OF BIRTH	last birt	years IF UNDER	3 19 66 1 YEAR IF UNDER 24 HRS. Days Hours Min.
during most of working	V (Cive kind of work done 10b. K	OIVORCED OIVORCED OR NOUSTRY	4-18-79 11. BIRTHPLACE (C Hungary	ounty & State, or foreign	country) 12. CI	TIZEN OF WHAT
Housewife 13. FATHER'S NAME			14. MOTHER'S MAIL		!	USA
15. WAS DECEASED EVE	yes give war or dates of service)		INFORMANT	urmeister 95 Dunkirk I	Address	imore, Md. 1
Conditions, If any gave rise to Im cause (a), statiunderlying cause 1	mediate ing the ast. (c)				VEN IN PART 1(a)	ONSET AND DEATH
(IF EITHER, NOTIF	Early bronchops S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part I or Pa	art II of Item 18.	YES XX NO
ZDc, TIME OF INJU Hour a.m. p.m.	URY Month, Day, Year 2Dd. While 19 at wor	Not While facto	CE OF INJURY (Home, f. ry, street, office bldg., e	arm, 2Df. (City or to	own) (Cou	inty) (State)
21. I certify to saw the deceation 22a. SIGNATURE	that (I) (this hospital) attend used alive on	4 66	death occurred at	MED. STAFF	auses and on t	that (I) (we) last the date stated above. ATE SIGNED 1966
22c. PHYSICIAN'S NAME (Type	William Wilkie	eMd.	7620 York	Road, 2120	04	
23a. BURIAL, CREMAT REMOVAL (Specif BURIAL	10N, 23b. DATE THEREOF (y) 7-7-66	WESTERN	OR CREMATORY OF OFFICERY	23d. LOCATION (MORE	Mid
24. FUNERAL DIRECTO		SON FOUSON.	rt	C'D BY REGISTRAR 2	5b. REGISTRAR	S SICNATURE



) .	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
	FOR STATE		09561	It	MEDIC	AL EXAMINER'S	CERTIFICATE	OF DEATH	0.9	561
	HEALTH DERI.	1.	PLACE OF DEATH o. COUNTY Balti			MARYLAND	2 USUAL RESIDENCE a STATE	(Where deceased) yed f institution b COU		befare admission)
	death If any delay is a Pages 1, 2, and 3 to with form PM3. Page es Stote Department of 72 hours after death.		b CITY OR TOWN (If outsid write RORAL or agree)	eorest town)		Hours 7?	BAL	outs de corporate limits, write RU TO .	RAL and give n	eorest tawn)
	If am form form ote Dept	I	d. NAME OF HOSPITAL OR I Jundalk Bathi	ng Beach	haspita give	street address)	d street address 3821 A	COLAND AVE		e IS RESIDENCE ON A FARM? YES NO
	, 3 m ± .5		NAME OF DECEASED (Type or pant) RO		J.,	O'HARA	Last	OF JULY	8-	Day Year 19 66
	urs offer d n 18 G've e olong v with the	Ţ.	ale Whi	ite v	MARRIED	DIVORCED	B DATE OF BIRTH	9 AGE (In years last birthdoy) 3 44 yrs		oys Haurs Min.
	1 to them 1 tem 1 tem 1 tem 2	dur	I. USUAL OCCUPATION (Give king most of working life, ever		IUB KIND	OF BUSINESS OR STRY		MO.	COUN	EN OF WHAT
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME TO MAIDEN NAME 15 WAS DEFFASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO. 12 INFORMANT Address										
	be executed within pending in pencil hief Medical Examine ansit permit. File page or removol, and in o		WAS DECEASED EYER IN U.S. ARMED FORCES? BS, na, ar unknawn) (fives give war or dotes af service) 16 SOCIAL SECURITY NO 17 INFORMANT Address JOANNE L. HALL 3821 ROLAND AVE.							
	be executed pending. Thief Medical ansit permitor or removal.		IB. CAUSE OF DEATH (Er PART I DEATH WAS I	iter only one couse p CAUSED BY. AMEDIATE CAUSE (a)_	er line far (a)	18), ond (c).	16			INTERVAL BETWEEN ONSET AND DEATH
	ate should be e g the word 'per ed to the Chief I s o burial-transit cremation, or re		Canditions, if ony, which one to immediate couse	(0)						
	sertificate should writing the word rwarded to the Cl sed as a burial-tra vurial, cremation,		stating the underlying colors.	(c)						
	DUE TO Conditions, if ony, which gove nise to immediate couse (o), stoting the underlying cause lost. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART I(a) 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW IMILIPY OF CUIRRED (First parties of incurs or part as Part Last form)B.)								9 WAS AUTOPSY PERFORMED? YES NO 22	
	PRIMARY War CONTRIB. TING									
	AAM e # our oge	MEDIC	20r TIME OF INJURY Mai	7-8 1966	While at wark	at wark Vata		2 Dunta	(Count	ut TEX
4	See Property of the Property o		21. I certify that death resulted fro			ns described above, he Accident 🗫 Suic	ld an Autopsy 🔲 ide 🔲, — Hamicid			and in my opinion
-	로 골 를 를 들는 목		ACTUAL SIGNATURE	32	422	·	III D	d cal examiner 🗌 🛮 Jui	ly 8-19	662. DATE SIGNED
	necessary, property for the funeral 5 may be reformed to Funeral Health or it	- 00	EXAMINER'S NAME (Type) BUR AL CREMATION	Melvin B			O Monniagt	cal examiner of control of the contr		
	10 He	L	See At A	23b DATE THEREO		23c NAME OF CEMETERY OR	vn	23d. LOCATION (City or To	D.	aunty) (State)
	VR A15ME (5)		FUNERAL DIRECTOR	The state of		(ADDRES)		D BY REGISTRAR 2Sb RI	GISTRAR'S SIGN	les Just -



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) g. COUNTY a. STATE BATTIMORE MARYLAND law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD 217 DAYS BATTIMORE d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1109 DALLAS STREET YES NO 3 NAME OF Lost 4. DATE Year DECEASED B. (Type or print) WTT.T.TAM O'NEAL DEATH 9. AGE (in years S SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF B RTH 7. MARRIED last birthdoy) Days Haurs WIDOWED DIVORCED NEGRO 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY LABORER CONSTRUCTION SELMA. NORTH CAROLINA U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME OCTAVIA OWEAL OVES WHITELY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL FORT HOWARD. YES WW 218 10 51 21 CLINICAL RECORDS MARYTAND WILSON INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) CAUSED BY,

BRONCHOPNEUMONIA

IMMEDIATE CAUSE (6) signed by the burial-transit p PART I. DEATH WAS CAUSED BY. DUKIN burial, (b) PULMONARY EDEMA Conditions, if any, which gove RECENT rise to immediate cause (a). XDOX stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the (c) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE. UNK. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) FUNERAI. DIABETES MELLITUS, CLINICAL. SURGICAL ABSENCE RIGHT LUNG YES A NO j 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year **EDWARDS** factory, street, affice bldg, etc.) Nat While of work 21. I certify that (Ithis hospital) attended the deceased from DECEMBER 6 , 19 65 , to JULY 11 , 19 66, that ON (we) lost saw the deceased alive on JUTY 11 19 66, and that death accurred an onsp M, fram causes and on the date stated above 22b DATE SIGNED 7/13/66 22o. SIGNATURE STAFF PHYS. ATTENDING 옵 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND SHIPPED NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (Caunty) (State) REMOVAL (Specify) MIDDLESEX CEMETERY MIDDLESEX. 2So REC'D BY REG STRAR FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR S SIGNATURE VR A15 (4) _1986_{^1} 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09563 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 havrs after death by the funeral Pages 1 and ond 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) b. COUNTY o. STATE b. COUNTY within 72 hours after BALLTMORE MARYLAND MARYLAND b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town BALTIMORE FORT HOWARD, MARYLAND 4 days filled in papers d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 721 Glenwood Avenue VETERANS ADMINISTRATION HOSPITAL YES NO K 3 NAME OF First Middle Lost DATE Month remove taxban Dov Year campletely DECEASED OF DAVID FRANCIS O'NEILL 19 66 26 event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** lost birthday) Months Dovs Hours MALE WHITTE 3 26 21 signed by the attending physician and co burial-transit permit. Then please remo-burial, crematian, ar remaval, and in alfy WIDOWED DIVORCED 10o JSJAL OCCUPATION (G-ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ELECTRONIC FOREMAN BALITIMORE MARYLAND
14. MOTHER'S MAIDEN NAME BENDIX RADIO USA 13. FATHER'S NAME DAVID J. O'NEILL MARY Mc CULLOUGH WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 218 05 38 95 CLINICAL RECORDS-FORT HOWARD VA HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)." ONSET AND DEATH PART I. DEATH WAS CAUSED BY Rupture of Esophageal vericose veins IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove Liver Cirrhosis - Laennec's type vears (b) rise to immediate couse (a) DUE TO Pulmonary storing the underlying couse After this certificate has been be detached far use as the State Dept. af Health prior to days Congestive Heart Failure W fost 9 WAS AUTOPSY PERFORMED? YES A NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) CERTIFICATION 2 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 19 66 ta 19 66, that (I) (we) last 21. I certify that (M. (this haspita) attended the deceased fram. 7-26 director, page 3 shauld shauld be filed with the 19 66, and that death accurred at 9:35AM, from causes and on the date stated above. saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED STAFF 26 66 M.D. DIRECTOR ADDRESS 22c PHYSICIAN S NAME (Type) GEORGE DUDAS. M. VA HOSPITAL FORT HOWARD, MARYLAND 230. BURIAL CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 66 BALTIMORE NATIONAL BALTIMORE, MARYLAND 24 FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) York Rd. Balto. Md. SETTZ FUNERAL HOME 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 09564 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 Heep 2 USUAL RESIDENCE (Where deceased lived, if institution Residence PLACE OF DEATH o. COUNTY b. COUNTY BALTIMORE MARYLAND d in any event, within 72 haurs after ¢ LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CATONSVILLE LANSDOWNE IS RESIDENCE ON A FARM? d. NAME DE HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS and campletely filled in remave carbon papers XX SUMMIT NURSING HOME 2205 ALLETTA AVENUE NO XX YES 3 NAME OF Middle DATE First Lost Manth Year OF DECEASED BERTHA OTTER JULY M. 19 66 DEATH (Type or print) IF UNDER 24 HRS 9. AGE (In years S SEX 8 DATE OF BIRTH 6 COLDR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Haurs WHITE WIDOWED XX 3-16-1882 FEMALE DIVORCED 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done U.S.A. INDUSTRY MARYLAND 13 FATHER'S NAME 14. MDTHER'S MAIDEN NAME JEROME JOHNSON CAROLINE -----17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) MRS. MARIE H. DIETZ, 2205 ALLETTA AVENUE #27 NONE priar ta burial, crematian. NTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per (a), (b), and (c).] signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been as the last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS) PERFORMED? MEDICAL CERTIFICATION far use with the State Dept. af Health 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year factory, street, affice bldg, etc. Not While at work 21. I certify that (I) (this haspital) attended the deceased fram _, that (I) {we} last and that death accurred MM, from Jauses and an the date stated abave. saw the deceased alige an 220 SIGNATURE 22b. DATE STONED ATTENDING M.D. PHYS DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S WILLIAM E. McGRA 1303 FREDERICK AVENUE NAME (Type 23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 7-7-66 MARYLAND 0 MOPETAND MEMORIAL PARK BALTIMORE 25b REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Marken VR A15 (4) HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229



CERTIFICATE OF DEATH 09565 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a COUNTY **b.** COUNTY by the land 2 seeth. EITY OR TOWN (if oulside corporate limits F. LENGTH OF STAY IN 16 c. CHIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest loves LOa d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W NAME O DATE DECEASED OP (Type or print) DEATH 19 DATE OIL BIRT AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RAC 7. MARRIED NEVER MARRIED 1 last birthday) WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) housewi.fe Balte USA mone MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes; no, or unkown) [Hyesgive war or dates of service] Mrs. Raymond Landsman-7003 Gaymount 18. CAUSE OF DEATH Enter only one cause per INTERVAL BETWEEN for (a);, (b), and (c). eur 1842 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) x 61 X DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART I OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20b. DESCR,BE HOW INJURY OCCURED, IEnter neture of injury in Pert | or Pert | of Iem 18 20a ACCIDENT WAS JNDERLYING [OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) Hour e.m. While Not While al work at work p.m. 21. I certify that (1) (this hospita Vattended the degeased from ... and that death occured saw the deceased alive on... from the causes and on the date stated above. 22 SIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. MD. 22c. PHYSICIAN'S 22d. ADDRESS E -3 leath. Par FUNE lirector, par se filed wi NAME (Type) Dr. William Mortin 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stelle) ರಿಕ್ಟರ್ಕ್ಷ REMOVAL (Specify) Burial Hely Redeemer 4430 Belair Rd.21286 256. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e REC'D BY REGISTRAR VR A15 (4) T5M 7161 Lering Byers, 8728 Liberty Rd. Randallstown.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09566 CERTIFICATE OF DEATH 24 hours after death USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then peases I and 1. PLACE OF DEATH o. COUNTY **b** COUNTY BALTIMORE MARYLAND MARYLAND Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de corparate limits, write RURAL and give nearest town) and give nearest tawn) 132 DAYS BALTIMORE d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) VETERANS ADMINISTRATION HOSPITAL CAMBEN STREET WEST YES 🗍 NO, requires that the death certificate be executed within DATE 3 NAME OF Lost Manth Day Year DECEASED (Type or pnnt) SAMUEI PALMISANO JULY DEATH 19 66 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Months Hours MALE WHITE WIDOWED D VORCED JANUARY 6. 1891 10a USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
SALESMAN **COUNTRY?** INDUSTRY FRUTT BALTIMORE, MARYLAND U.S 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME SALVATORE PAIMISANO CONCETTA PURPURA 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. VA HOSSPTTAT. (Yes no, or unknown) lift yes give war or dates of service 217 18 81 33 CLINICAL RECORDS FORT HOWARD. MARYLANT INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) signed by the burnal-transit g PART I DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (a) **DUE TO** UNKNOWN CAUSE Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) 20c TIME OF INJURY Month, Day, Year (Caunty) (Stote) Haur a.m. factory, street, affice bldg., etc.) at work at work TO FUNERAL DIRECTOR: After be retained by 21 [certify that (K (this hospital) attended the deceased from FEBRUARY 2119 66 to JULY 3 . 19 66, that (M (we) last 19.66, and that death occurred at 530PM, from couses and an the date stoted obave saw the deceased alive an JIII.Y 3 220. SIGNATURE 22b DATE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) VA HOSPITAL. FORT L ANONUEVO. M.D. HOWARD. MARYLAND directar, shauld b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (State) REMOVAL (Specify) NEW CATHEDRAL CEMETERY BALTIMORE. MARYLAND 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 HOME.



1 4	MARYLAND STATE DEPARTMENT OF HEALTH
49	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 19567
death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission)
2 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	a. COUNTY a. STATE b. COUNTY
after the last after after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND PLATY TATIO C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours d in by arrs. Pa	Lutherville 3 months Monkton
t ho led i lers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ithin 24 hours after of the final papers. Pages 1 within 72 hours after d	College Manor Nursing Home Park Road YES X NO
executed within and completely remans carbon in any event, with	3. NAME OF FIRST MIDDLE Last 4. DATE Month Day Year OF
composition of the composition o	(Type or print) 10-we> 100 DEATH 1966
executed and con remarks any eve	last birthday) Months Days Hours Min.
E .=	Male White WIDOWED X DIVORCED Oct. 2, 1885 80 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
e be Sician lease and i	Farmer Gen. farming Pittsburgh, Pa. U.S.A.
icate be e physician a m please r wal, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
eath certificat attending phy ermit. Then p	William Gray Park Elizabeth Sweitzer
thend alit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Box 527 Address Unionville.
e death c the atten t permit. atton, or i	Yes WW 1 216-07-3533 Mrs. Fairfield Coogan Pa. 19375
at the deat ian. d by the at ransit pern cremation.	18. CAUSE OF DEATH [Enter only one cause per line for (a) to and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
hat the cian. led by the transit i, cremain	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thouse Tillionary Odcina ONSET AND DEATH
ires that physician n signed burial-tra burial, cr	Cenditions, If any, which) DUSTO
faw requires that that the stending physician. I has been signed been signed been as the burial tran herior to burial, cre	gave rise to Immediate cause (a), stating the
law re trendi has b has b prior	underlying cause last. (c) Toube uSon a De a co c
N: The faw requires that the death certificate be tall or attending physician. After the speed by the attending physicial for use as the burial-transit permit. Then please Health prior to burial, cremation, or removal, and	PART II. CTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
al or united the selection of the selection the selection the selection the selection that the selection tha	YES NO Z
PHYSICIAN: The Both the hospital or at this certificate betached for use the Dept. of Health	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH CAUSE OF D
IYSII e ho his (tach Dept	
ING PH 1 by th 4fter ti 1 be de State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20mm 2
ATTENDING F retained by t CTOR. After should be with the State	2. I certify that (1) (this lesspital) attended the deceased from 1956, 19—to July 19, 1966, that (1) (see) last
L OR ATTENDIN 1y be retained 1. DIRECTOR: Af age 3 should iffled with the S	saw the deceased alive on 14 1926, and that death occurred at 2 1m, from the causes and on the date stated above.
111(7) 3-	ATTENDING MED. STAFF 7
may be RAL DIR	M.D. PHYS. DIRECTOR PHYS. 7/20/66
HOSPITAI age 4 ma FUNERAL irector, pi	1901 & rent Bot word 2/202
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 g	Burial 7/21/1966 St. James Monkton, Maryland
an	24. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 1 20M i/65	Charles E. Kurtz Jarrettsville, Md. DATE JUL 22 1900 July 1



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09568 requires that the death certificate be executed within 24 nours after death. the attending physician and campletely filled in by the funeral sit permits Then lifease remaye carban papers. Pages A and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O STATE MARYLAND o. COUNTY b. COUNTY BALTIMORE MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nearest town FORT HOWARD 39 DAYS BALTIMORE e IS RESIDENCE ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 729 E. 22nd STREET YES NO X 3 NAME OF Middle DATE First Month Day Last Year DECEASED (Type or print) OII DEATH ,66 MALLITAM L. PARKER LIULY AGE (In years 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lpst birthday) Days Haurs 11/2/25 NEGRO MALE in any WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? BALTIMORE, MARYLAND BAINTMORE CITY LABORER 14. MOTHER'S MAIDEN NAME remeval. 13. FATHER'S NAME AMANDA L. WILLIAMS WILLIAM L. PARKER IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) 219 18 66 47 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) transit BECENT DEATH PART I. DEATH WAS CAUSED BY. UREMIA IMMEDIATE CAUSE (a) signed by DUE TO HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE burial UNKNOWN Canditians, if any, which gave {b} ase to immediate couse (o). DUF TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY
PERFORMED?
YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the haspital ar far 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port (or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m factory, street, office bldg., etc.) 21. I certify that 21) (this haspital) attended the deceased fram 5/27/66 ta 7/5/66 . 19. Page 4 may be retained saw the deceased alive an 7/5/66 and that death accurred at 3:00PM, fram causes and an the date stated above. 19 22b. DATE SIGNED 77/5/66 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. TMD. PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LAWRENCE F. AWALT, JR., M. D. VAH FORT HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23a BURIAL, CREMAT ON (County) (Stote) BURIAL (Specify) 7/8/66 BALTIMORE NATIONAL BALTIMORE, MARYLAND ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCKS FUNERAL HOME VR A15 (4) 1966 Marily 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



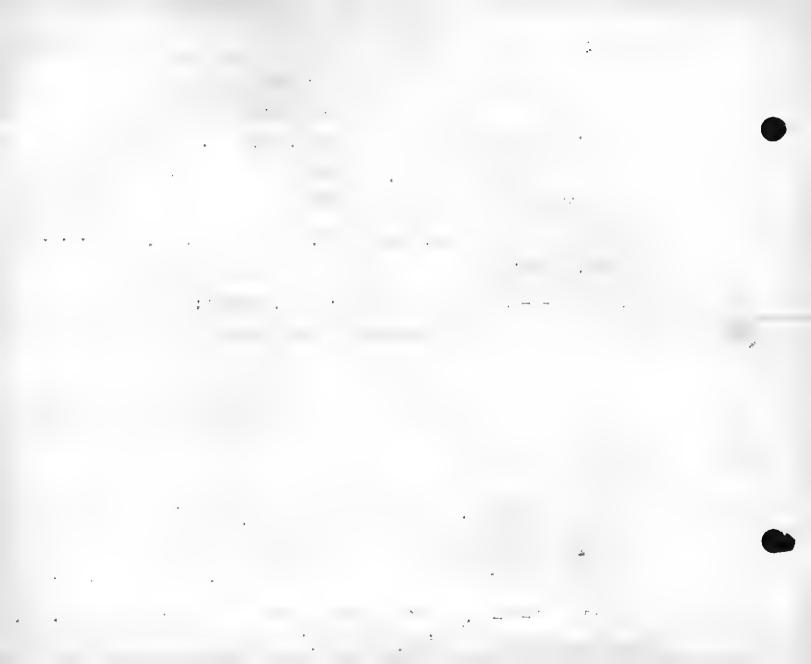
X	1/1/	MARYLAND STATE DEPARTMENT OF HEALTH
r	- 403	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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	24 fille pape in 72	Greater Batto Med, Center 2718 Harfard Rd VES NO NO
	withi pletel sarbon nt, wit	3. NAME DF DECEASED (Type or print) First Steve Middle Last 4. DATE Month Day Year OF DEATH 7 16 1966
	executed within 24 hours and completely filled in by remove carbon papers. Page any event, within 72 hours	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 24 PRS. last birthday) Months Days Hours Min.
	e be execute rsteten and co flease remove and in any ev	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ath certificate be execu attending physician and rmit. Then please remo n, or removal, and in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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	that the death certificate, sician. ned by the attending physical- al-transit permit. Then phe al, cremation, or removal, a	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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	law requires ttending phys has been sig e as the buris prior to buris	gave rise to immediate cause (a), stating the DUE TO
	law rattend has l e as i h priou	Underlying cause last.) (c) To To Concress. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	tal or ificate for us Healt	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 3 YES NO 20 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospita this certifi detached fo e Dept. of H	
	ic PHY by the ter thi se deta tate De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	ENDIN PR. Af Ould t	21. I certify that (I) (this hospital) attended the deceased from 6-17, 19 66, to 7-16, 19 66, that (I) (we) last
	R ATT RECTC 3 sh with	saw the deceased alive on 7-16 19 64, and that death occurred at 11:45 FM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial transit permit, should be filled with the State Dept. of Health prior to burial, cremation, or	22c. PHYSICIAN'S NAME (Type) About W. Smith M.D. PHYS. DIRECTOR PHYS. 1-16-66
	Page 4 FUNE FUNE directo	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	2 2 2	Burial 7/22/66 St. Peters Brownsviille, Pa. 24. FUNERAL DIRECTOR 1217 St. Paul 300RESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Wm. Cook-Brooks Inc. Baltimore, Md. 21202 DATE JUL 19 1966 Michaeles Oute



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CDUNTY a. STATE Baltimore M#. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) à, hours Pa Catonsville St.Louis .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled ve carbon papers. event, within 72 h d. STREET ADDRESS IS RESIDENCE θ. DN A FARM? 2710 South Grand Blvd. Shangri-La Nursing Home 333 Harlem Lane YES ND 5 within letely Month NAME DE Middle Last DATE Day Year DECEASED Paul# DEATH July (Type or print) Otto 19 66 compl death certificate be executed 6. COLDR DR RACE | 7. MARRIED A NEVER MARRIED 8. DATE F BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX avor. last birthday) Months I Days Hours and Male White Nov.30,1878 87 WIDDWED DIVDRCED [1Da. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY? U.S.A. Salesman Retired Missouri physig n ple ed by the attending phy-fransit permit. Then p , cremation, or removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Augustus Pauls Marie Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Mrs. William Hardy 2533 Pickwick Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the TONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: Occlusion, left cerebral artery or attending physician. signed Irrial-tra **DUE TD** MArteriosclerotic cardiovascular disease vears Conditions, If any, which gave rise to immediate as the prior to **DUE TD** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY certificate h PERFORMED? ND K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) 100 this ce MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. While Not While After D.m. 19 at work at work June 29. 19 66 to July 8. ould the 21. I certify that (1) Chile masking attended the deceased from. 1966 that (I) 1020 last DIRECTOR: 1 ge 3 slould lled with the 19.66, and that death occurred at 2.00P from the causes and on the date stated above. saw the deceased alive on __Iulus 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** 9 July 1966 DIRECTOR PHYS. M.D. PHYS. O HOSPITAL 礋 22d. ADDRESS PHYSICIAN'S FUNERAL director, p Rolling R. Balt. Md. 21207 Traband. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATORY LDCATION (City, town or county) (State) 23a. REMDVAL (Specify) Baltimore Greenmount Cremation REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR ADDRESS 24. VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b county Baltimore Maryland MARYLAND b. CITY OR TDWN (if outside corporate imits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) hours ve carbon papers. Pag event, within 72 hours Baltimore, 21224 Baltimore ,⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? St. Joseph Hospital B31 S. Lehigh St. ND YES e y executed within 3. NAME DE First 4. DATE Month Year Middle DECEASED DEATH (Type or print) Michael 19 Pehringer July 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours white male WIDOWED P DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done | = 10b, KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ician 8928 certificate be during most of working life, even if retired) INDUSTRY CDUNTRY? U.S.A. Corp. Baltimor Ovater Shell 13. FATHER'S NAME remova Frank Pehringer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Harmes 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. o (Yes, no, or unkown) (If yes give war or dates of service) cremation, No Walter C. Hudgon: Same the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), I -transit DISET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma, head of the Pancreas IMMEDIATE CAUSE (a) burial-tr burial, DUE TO 2 Conditions, if any, which (b) been rise to immediate 유유 DUE TO cause (a), stating the underlying cause last. (c) as PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate CERTIFICAT. NO F YES I 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) ached f 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) (County) Hour a.m. Not While ATTENDING p.m. at work at work 19 66 to July 27 July 12 19 66 that (i) (we) last 21. I certify that (i) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the saw the deceased alive on July 27 19 66 and that death occurred at 9.15 PM from the causes and on the date stated above. 22ã. SIGNATURE 22b. DATE SIGNED ATTENDING July 27 1966 Lagan DIRECTOR pa FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS Arturo Pidlagan NAME (Type) director, 7620 York Rd. Baltimore, Md. 21204 should 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME DE CEMETERY OR CREMATORY REMDYAL (Specify) 0 Burlal Cemetery? German FUNERAL DIRECTOR 25b. REGISTRAR DATE AUG מסכו VR #15 (4) to. 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CS572. CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 havrs after death physician and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE timore papers. Pages I hin 72 hours after MARYLAND c LENGTH OF STAY IN .b b. CITY OR TOWN (If autside carparate limits c CITY OR TOWN (If autside corporate limits, write RURAL and give represt town) DWGO A IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITA. OR INSTITUTION (If not in haspita, give street address) within 72 Loch Bend 8705 NO TA YES Middle DATE 3 NAME OF Last Day Year DECEASED OF Peters (Type or printy less atherine 19 DEATH S SEX AGE (n years IF LINDER 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last, birthday) Manths Days Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT SUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY during most of working use, even if retired) Harrdresser Baltimore. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward Peters Theresa Dohmeyer attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, grunknawn) (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per lige, for (g), (b) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed Canditians, if any, which gave rise ta immediate cause (a). DUF stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO far 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) Haur a m Not While 21. I certify that (I) (this haspital) attended the decrased from Page 4 may be retained 19 cle, and that death accurred at A. M, from causes and on the date stated above saw the deceased olive on_ 22b DATE SIGNED 22a, SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN'S O HOSPITAL NAME (Pype) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b DATE THEREOF (State) Holy Redeemer Baltimore, em. 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Ruck Inc 5305 Harrford Road. 1966 DATE



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
ا جود ج	99573 CERTIFICATE OF DEATH	573
emove carbon papers. Pages 1 and 2 any event, within 72 hours after death.	PLACE OF DEATH a. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence to the second s	pefore admission)
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execute and co emove	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1.2.9 9. AGE (In years lift UNDER 1 YEAR II last birthday) Months Days 75 yrs.	Hours Min.
te be usieian ysieian please	a. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O COUNTRY? 12. CITIZEN O COUNTRY? 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN O COUNTRY?	A
ertifica ding ph Thery emoval	Joseph Peyton 14. Mother & Maiden Name Ruth Webb	
feath c e atten bermit.	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (If yes give war or dates of service) Records, Mt. Wilson State Hospital	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be epage 4 may be retained by the hospital or attending physician. O FUNEATE DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Theny please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO	VAL BETWEEN F AND DEATH
SICIAN: The law hospital or atter s certificate has ched for use as pt. of Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. Emphysema Arterics (erctic Heart Disease & Cut I Marcy 10015 YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	WAS AUTOPSY PERFORMED? NO
NG PHY by the fter this be deta State De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 20f. (City or town) (County) 4 work 20f. (City or town) 4 work 20f. (City or town) 20f	(State)
TAL OR ATTENDI may be retained AL DIRECTOR: A page 3 should e filed with the	226 PHYSICIAN'S	stated above.
TO HOSPITAL Page 4 may TO FUNERAL director, pa	Wm. Name (Type) NewComer M.D. Superintendent Mount Wilson, Maryland a. BURIAL CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23b. LOCATION (City, town or county) REMOVAD (Specify) 127. (64 V. 4Md. Md. Specify)	(State)
VR A15 (4)	A. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR OLIVERAL DIRECTOR ADDRESS DATE LINE FLOWER CONTROL OF THE PROPERTY OF THE PR	TURE
20M 1/65	Tally Pinet	



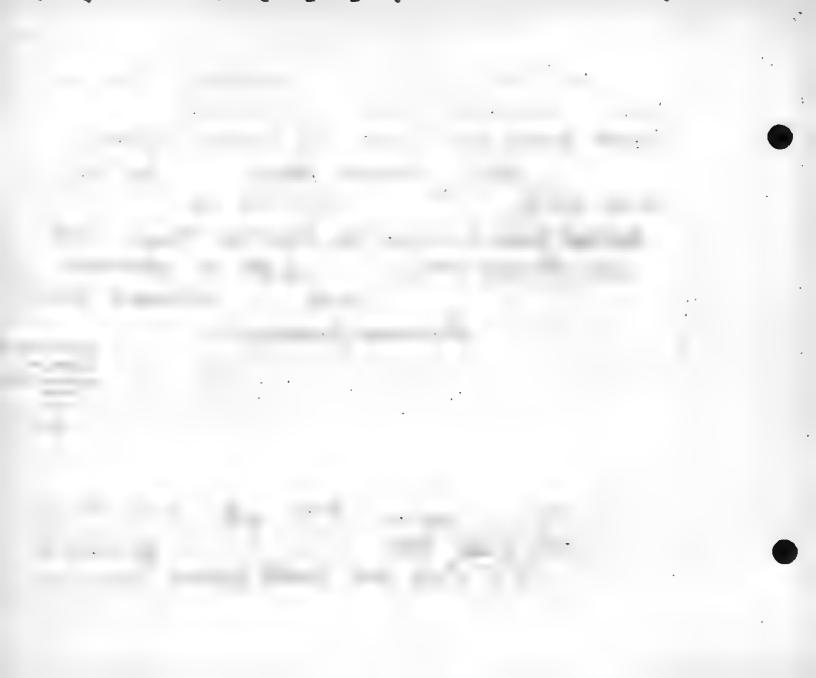
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Hune1e MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give pearest town) nola 10W5011 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? ve carbon pap event, within HEVESTOOLE reate EDICAL YES ND S executed within completely NAME DE DECEASED Middle First DATE Month Day Last OF Kab ta fy (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ещоле 8. 7. MARRIED NEVER MARRIED 🕝 last birthday) Months | Davs Hours any and WIDOWED DIVORCED [Ξ, 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KING OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) lease þ during most of working life, even if retired) INDUSTRY COUNTRY? and U.S death certificate ᇻ he attending phy permit. Then p tion, or removal, 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war or dates of service) NOW cremation, the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 20 Minufes HIVEST IMMEDIATE CAUSE (a **DUE TO** Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating prior underlying cause last. Se S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health The PERFORMED? certificate YES N NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached f te Dept, of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work After While ge De p.m. 19 at work 0 19.66 19 G C, that (9) (we) last the 21. I certify that ## (this hospital) attended the deceased from houi OIRECTOR age 3 shoulled with t 19.66 and that death occurred at/off (AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED page MED. M.D. DIRECTOR PHYS. PHYS. 4 may TO HOSPITAL FUNERAL 22C. PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) LTIMORE, Md ASKIN BURIAL, CREMATION, 23b. / DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. REMOVAL (Specify) 2 FUNERAL DIRECTO REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 20M 1/65



1 2		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		09575 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09575
HEALTH DEPT:	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased, lived, If institution: Residence before admission)
(10	1	B. COUNTY BALLO MARYLAND a. STATE MARYLAND Bultung
essary, funeral may be artment death		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
fune fune may artm		Ballo- rural 3 mm Balleman Course
essary, funeral e 5 may be Department after death		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give spreet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
hd 3 to Page State hours		174 While Oak Rel 34 174 While Oak YES NOW
and and both	3.	NAME OF First Middle A Last 4. DATE Month Day Year DECEASED
Amy car PM3.		(Type or print) & PAN JOSEPE IT ARR ST DEATH & 429 7 19 60
ith. If a form P form P within within	5.	SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IFUNDER 1 YEAR) IFUNDER 24 HRS last birthdey) Months Days Hours Min.
death. Page ith fo	10	DIVORCED DIVORCED TO BUSINESS OR TIL BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
er dea ive Pa with with	di	Retired lile Worker INDUSTRY Maryland COUNTRY? Waryland Maryland
any		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
E E		John J. Pfarr Ida Cook
and and	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ris ris ris sail, valid	- 1 "	(Same) (If yes pire war or dates of service) 217-05-3928 Mrs. Ruby E. Pfarr (Same)
thed within in pencil in pencil in Examiner's sit permit.		18. CAUSE OF DEATH [Enter only one ceuse per line for (6), (b), and (c).] PART A DEATH WAS CAUSED BY. ONSET AND DEATH
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d be executed "peding" in f. Medical Exa burial-transit		4-22/ DUE TO
be e period fe in		gave rise to immediate (b)
of Me		cause (a), stating the DUE TO
word be Chief as a burial, c	2	underlying cause last.) (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
his artifical. writing the warded to the Chould be used a	CERTIFICATION	PERFORMED? YES NO DO
ng ng 1 to 1 to be 1		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
s = rtis rriting rded to uld be uld be prior	100	PRIMARY Or CONTRIBUTING CONTRIB
R. This =rate, writin forwarded 3 should bagent, price	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ш о	MED	
E P of to		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
EXA he co shoul files. TOR: esign		death resulted from: Natural causes , Accident , Suicide , Homloide , Undetermined manner
2 4 2 2		ACTUAL CHIEF MEDICAL EXAMINER CASCISTANT MEDICAL EXAMINER
o D o Section	27	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
	メ	EXAMINER'S A 6 14 N C 14 10 Address (Street, city, town, or county) 7-7-6 C
D DEPUTY please ex director. retained f D FUNERAL of Health	2.	33. BURIAL, CREMATION, 1 23b. DATE THEREOF 23d NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
15 4 5 6 P	2	Burial 7/11/66. Oaklawn Cemetery Balto. Md.
	2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J. Huck Inc. Balto. Md. 21214
VR ALSME (5) 5M 1/65	15	toonard J. Mack The Batto. Fil. 21214 1966 1966 Judge



	1 ,,	X I	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
			CERTIFICATE OF DEATH
On a	death.	111	1. PLACE DE DEATH 11 2 MISHAL RESIDENCE (Where dereated lived if Institution's Residence before admission
N V	% ⊢ ∴ ⊢ % .	11/1	a. COUNTY BALTIMORE CO. MARYLAND a. STATE ARYLAND b. COUNTY BALTIMORE
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3 1	Hour in Salah	11	BAITO CO - NEAR BITO CITY 46 - TIM ONIUM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
6	filled in by papers. Pag	1/2	GREATER BALTIMORE Medical Center 12 SAM Will AUENUG YES NOW
hat	and within carbon and, with	12	3. NAME OF First Middle Last 4. DATE Month Day Year
0.14/	2 E 8 E	1	(Type or print) Hugh Leonprin Phelps DEATH July 10 1966
2 0	2 9 E E	10	MAIG White WIDOWED DIVORCED 3-26-1898 6 St birthday) Months Days Hours Min.
	a in	1/2	10a. USUAL OCCUPATION (Give kind of work done of the line of the l
8/18	是重数		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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34	重量 計	19	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Hyes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT /2 EMAIN ST TIMENIUM
37 6	<i>Æ</i> .se & &	W	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]
096	at the lian. d by the transit transit crema	1/	PART I. DEATH WAS CAUSED BY: PUI MONARY Emphysoma and ONSET AND DEATH
308 2	physician physician signed burial:tra buggal, ca	y	conditions, if any, which DUE TO authoracosis with sulmonary Pt was Retire
100	ding been diversity of the baren	M	gave rise to immediate DUE TO feurous quel Curonic Advanced Eng
W.	₹ = 8 8 Z/	II_{i}	underlying cause last. (c)
18.38	the It all or at fine at fine at the It at the	1/4	PERFORMED? YES NO
In h	AT TIE		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
3 /3	三年 音楽	17	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not Welle Not Welle
893	After After State	ig	Pair. 19 at work stwork
300		B.	21. I certify that (this hospital) attended the deceased from 7- /a//, 19-66, to /a// 19-66, that (N (we) las saw the deceased alive on /a// 19-66, and that death occurred at 8/3/2M, from the causes and on the date stated above
U. ak	y be retained by be retained birectors. Bige 3 should be with the	WW	22a. SIGNATURE 22b. DATE SIGNED
	ay b ay b l Dil	111	M.D. PHYS. 22c. PHYSICIAN'S MED. STAFF DIRECTOR DIRECT
	SPIT 4 m		NAME (Type) T. C. CUILIS MD GREATER BATTIMORE Medical Canton
	Page 4 may TO FUNERAL D director, page should be file	11	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
		B	BURIAL 17-13-66 WALNUT GROVE CEM. 115 LURTIELA, W. VA.
	VR AIS (4)	7	Wm. Cook-Brooks Towson INC BALL. Md. 21204 DATE 111 12 1996 Milarles Judge
	20M 1/65	,	12 Mar. Mar. Ortend Date 311 D 1040
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DIVISION	MA OF STATISTICAL RES	RYLAND STATE D	EPARTMENT	OF HEALTH	ALTIMOPE I	I, MARYLAND
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1 PLACE OF DEATH	3	<u>١/رَف عندنا (tem 9 Filit</u>	2. USUAL RESIDE	NCE (Where decease		in: Rasidence before a
B	altimore	MARYLAND		ew York	b. COUNTY	\checkmark
write RURAL and	if outside corporate limits, I give neerest town)	c. LENGTH OF STAY IN 15			limits, write RURAL	and give nearast tow
d. NAME OF HOSPI	nsville,	haspiter, give street address)	d. STREET ADDRES	s s		j e. 15 R
The Sum	mit Nursing Home	2	296 -	143nd St		YES
NAME OF DECEASED	First	Middla	Last	4. DATE OF	Month	Day Yaa
(Typa or print)	16. COLOR OR RACELY MAD		TACCI. DATE OF BIRTH	DEATH	July 5 E (In years IF UND	7966 19 ER I YEAR IF UNDER
Fem	wipon	LINETER MARKED	12 27 1804	las	birthday) Month	
10a. USUAL OCCUPAT	UUF E	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or fore:		CITIZEN OF WHAT
Nurse	Aide	Hospital	Rhode S	Island		
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
15. WAS DECEASED BY	ER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17, II	NFORMANT		Addrass	O
	Ityasgive warordatasofservica)	6. SOCIAL SECURITY NO. 17. 11 214 56 1901 Mr.	s. Violet Pi	racci -4- E	Lake Ave	Balto Md.
	H WAS CAUSED BY:	ar lina for (a) (b), and (c).]		0.00-1	10	ONSET AND
TAKI II DEAT	IMMEDIATE CAUSE (a)	valaeya	cular (streep	ac	lace
Conditions, if any	DUE TO	Youeral artis	alo del	Postase	1	7 /
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causa last.	(c)	home &	rain -	sind	once	8 year
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20a. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED	2. (Enter nature of injury	in Part I or Part II of	itam 18.)	YES _
U (IF EITHER, NOTIFY	CAUSE OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Y 20c. TIME OF INJU		d. INJURY OCCURRED 20a. PLAC	CE OF INJURY (Home, farry, street, office bldg., a		own) (i	County)
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2/6. SIGNATURE	D C	and mar				226
han	May I Cle	dyla m.			TAFF HYS.	
22c. PHYSICIAN'S NAME (Type)		Magin	22d. ADDRESS	713 801	intru L	3/1/29
23a, BURIAL, CREMATI	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d, LOCATIO	N (City, town or co	eunty) (S
REMOVAL (Spacify)	7-7-66	Now Cathada		B	altimore.	Md
24 FUNERAL DIRECTOR		New Cathedral	200.	REC'D BY REGISTRAR	1966 K	S SIGNATURE
Thomas J.	Kenny Inc 1600	Hollins St. Balti	o. Ad. DATE	305 8	1300	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY BALTIMORE b. COUNTY MARYLAND. BALTO. after completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) APPROX.14vr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? VILLA MARIA. NOTCHOLIFF GLENARM YES # NO completely i within NAME OF First Middle Last DATE Month Day 4. Year DECEASED (Type or print) ST STER MARY DEATH **JAROMIR** PISARCK 5. SEX 6. COLOR OR RACE гетоуе AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) any F. Months | Days Hours and WIDOWED [DIVORCED [JAN. 21, 1885 attending physician ar srmit. Then please rei in, or removal, and in a 10a, USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY U.S.A. RETIRED COOK RELIGIOUS CZECHOSLOVA KT A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH PISARCIK MARY MAGADLEN transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) GNE been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYIC ARD IAL IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES NO 👯 PHYSICIAN: this cerum detached for 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING p.m. at work at work ould the 19 6 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 2:40PH om the causes and on the date stated above. saw the deceased alive or 22a. SIGNATURE DATE SIGNED page ATTENDING M.D. PHYS. PHYS DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S director, p should be **ADDRESS** 22d. NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cousty) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before adm ssion) a. COUNTY a. STATE b. COUNTY Baltimore County Marvland b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Baltimore, Rural
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street addrass) Baltimore Rural a. 15 RESIDENCE d. STREET ADDRESS Bal timore ON A FARM? Box 518B, Seneca Park Rd. Et14, 21220 YES NO X Box 518B, Seneca Park Rd. Rtll 3. NAME OF DECEASED (Type or print) DEATH July 26. 1966 Sal vatore Pistorio 19 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days WIDOWED | Nov. 17, 1908 DIVORCED | male 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) House Inspector Baltimore City Baltimore, Md. U.S.A. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (nee Walther)ddress (Yes, no, or unkown) | (If yes give wer or dates of service Mildred Pistorio, wife, above 15. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cave rise to immed ete ceuse DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMEDI 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED! (Enter neture of injury 1 Part I or Part I of Jem 18 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Duy, Year 20f. (City or town) (County) (State) fectory, street, office bidg., atc.) While Not While Hour 45 at work et work 21. I certify that I took charge of the remains gescribed above, held an Autopsy Inspection and in my opinion 0 death resulted from-Natural causes # Accident Su'cide Homicide Undetermined manner DIRE CH EF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL Dr. Theodore C.Patterson NAME (Type) Address (Streat, city, town, or county) Dundalk 22a, BURIAL, CREMATION, 22b, DATE THEREOF , 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 240 p Holy Redeemer Cemetery Burial Baltimore, Md. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE Schimunek funeral Home, Inc. ADDRESS VS. AISME ~ Brehms SM 9'60



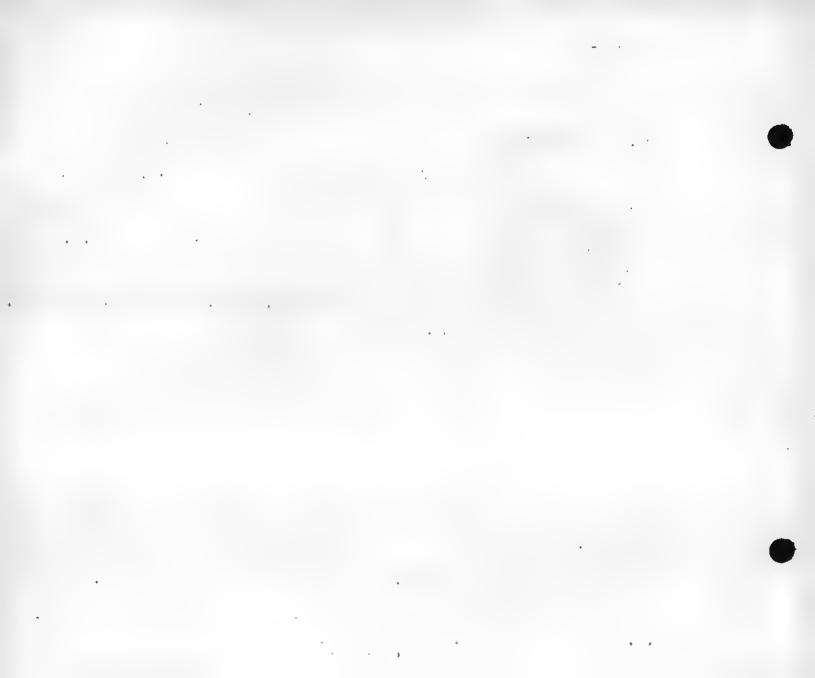
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13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
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t, 1	PLACE OF DEATH	2. USUAL RESIDEN	CE (Where dece			nce be ore admission
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS				o. IS RESIDENCE
	Mercy Villa Bellona Ave	30l Lind				YES NO
	NAME OF First Middle DECEASED	Lest	4. DATE OF	Monti	h De	y Year
	(Type or print) Beulah M Poehlman		DEATH	July		19
	T. MARKED THE TER MARKED	DATE OF BIRTH		AGE (In yeers lest birthdey)	Months Devs	Hours Min.
	Female white widowed Divorced I	Dec_8 1886		79 yes.		
1	06 USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]	11. BIRTHPLACE (Cour	ity & State, or fo	reign country)	12, CITIZEN	OF WHAT COUNTE
	at home	Marland	****			
1	3. FATHER'S NAME Jacod Geiselman	14. MOTHER'S MAIDEN	Dor Dor	nt know	i	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ED	ALINA DAS WALIE				-
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ET Yes, no, or unknwn) (Ifyesgivewerordetesplservice)	NEORMANT		Address		
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	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	1,0	11	1	7 0	NTERVAL BETWEEN
	IMMEDIATE CAUSE (6)	erestic Larvi	er- Vasc	reas I	1043-	2-3 Jrs
	4 2 2 / DUE TO					
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TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	I KELATED TO THE TERMI	NAL DISEASE CO	PADITION GI	VEN IN PART 1(e)	19. WAS AUTOPS PERFORMED?
	ACCIDENT WAS INDEDIVING TO AN ASSAURT HOW BUILDING	3 /5-4	Best Lands	- []a 40 \		YES NO
CI CA	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	y. (Enter nature of injury if	remior remi	O. Itam 18.)		
PPTIFICA	THE SITUED MOTIES MEDICAL EVANIMED					
		CE OF INTERVAL	1 201 (City	e town)	10	166.13
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100	20c. TIME OF INJURY Hour e.m. p.m. 19 21. I certify that (I) (this heapital) attended the deceased from saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) Philip D Flynn M D 36. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) DUTIEL 20d. INJURY OCCURRED While Not While et work 20d. INJURY OCCURRED While Not While et work 20d. INJURY OCCURRED While 20d. INJURY OCCURRED While 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector While Not While et work 20d. INJURY OCCURRED Lector Not While Not While 20d. INJURY OCCURRED Lector While Not While 20d. INJURY OCCURRED Lector Not Not While 20d. INJ	death occurred at ATTENDING PHYS. 22d. ADDRESS 11 Fast (OR CREMATORY	1965, to	he causes STAFF PHYS. ION (City, to-	and on the d	that (I) (we) ate stated abo 22b, DAT 5 GC SIG







DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate imits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) DWSON NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION ON A FARM? YES NO 7 Middle 4. DATE Yeor DECEASED DEATH (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 5. SEX MARRIED NEVER MARRIED Months WIDOWED IT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CIT-ZEN OF WHAT COUNTRY? during most of working ife, even if retired) none 13. FATHER'S NAME 17 INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO 4221 Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO F 200 ACC, DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stofe) fectory, street, office bldg., etc.) Hour o m. While Not while of work of work p. m. 21. I certify that (I) (this hospital) attended the deceased from May 20 19.60 that (1) (we) last and that death/accurred at DM, from the causes and on the date stated above saw the deceased alive on J_W 19.66 22o SIGNATURE SIGNED Edusa MD 22c PHYSIC AN'S Newland Edward Day, M.D. NAME (Type) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Burial 7-5-66 Mt. Zion Methodist Freeland Maryland 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR Wm.Cook-Brooks Towson, Inc., Towson, Md. 21204 DATE ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND ~
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24 ho filled papers, in 72 h		ON A FARM?
hin eely on p	3. NAME OF First Middle Last 14. DATE Month Da	YES NO Year
requires that the death certificate be executed within 24 hours after ding physician. been signed by the effering physician and completely filled in by the fithe burial-transit permit. Then please remove carbon papers. Pages 1 or to burial, cremation, of removal, and in any event, within 72 hours after	(Type or print) George - Protasoff DEATH 7 15	19 66
con con ve	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years life under 1 YEA	
exect and remo	WIDOWED DIVORCED 3-19-01 65 yrs.	
cate be e physician n please i	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	U.S.A.
ate be hysicia please al, and	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.J.A.
nd P P P P P P P P P P P P P P P P P P P	Unknown Inene ?	
ie death certi the afferique it permite Th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
leat leat	303-12-4699 Mrs. Anna L. Protasoff Same	
y the sit sit amati	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	FERVAL BETWEEN
cian.	PART I. DEATH WAS CAUSED BY: Cardiorespiratory failure	
es tl nhysi sign urial urial	Conditions, if any, which) DUE TO (at electrons is and metastases	
nguir ng p een een to b	gave rise to immediate cause (a), stating the DUE TO	
law requires that t attending physician. has been signed b e as the burial-tran h prior to burial, cre	underlying cause last.) (c) brunching enic car cinoma.	
JING PHYSICIAN. The law requires that the deat d by the hospital or attending physician. After this certificate has been signed by the ed be detached for use as the burial-transit plem is State Dept. of Health prior to burial, cremation.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
N. Tal of	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES NO NO
SICIAN: hospital hospital certific scertific thed for the form	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) GR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
NG P by t ffer be d state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 at work	_
ATTENDII retained CTOR: Ai should with the S	21. I certify that (I) (this hospital) attended the deceased from C-9, 19 GG, to 7-15, 19 GG;	that (I) (we) last
Store ta	saw the deceased alive on 7 - 15 19 (26, and that death occurred at 4:60 M, from the causes and on the da	
DIRE Be 3	Robert W. Smith M.D. ATTENDING MED. STAFF X 7-15-	- (0(0
PITAL 4 may ERAL Dicr, pag d be filed	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
HOSPITAL Page 4 may FUNERAL I FUNERAL director, pa		
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME, OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) SENOYAL Specify 7/18/66 Gardens of Faith Balto. Md.	(State)
0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15 (4)	Leonard J. Ruck, Inc., Balto., Md. DATE JUL 20 1956 Charle	o Judge
20M 1/65		00



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09588 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deoth puo USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. STATE Md. o. Constructo. b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate amits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lowson lowson d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSP JAL OR INSTITUTION (If not in paspital give street address) 643 Piccadilly Rd. Piccadi Koad NO 3. NAME OF Middle Last Day DECEMSED 10, 66 (Type or print) Gordon J. Reigle DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED DATE OF RIRTH 9. AGE (In years NEVER MARRIED log burthday) Months Davs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, eyen inefired)

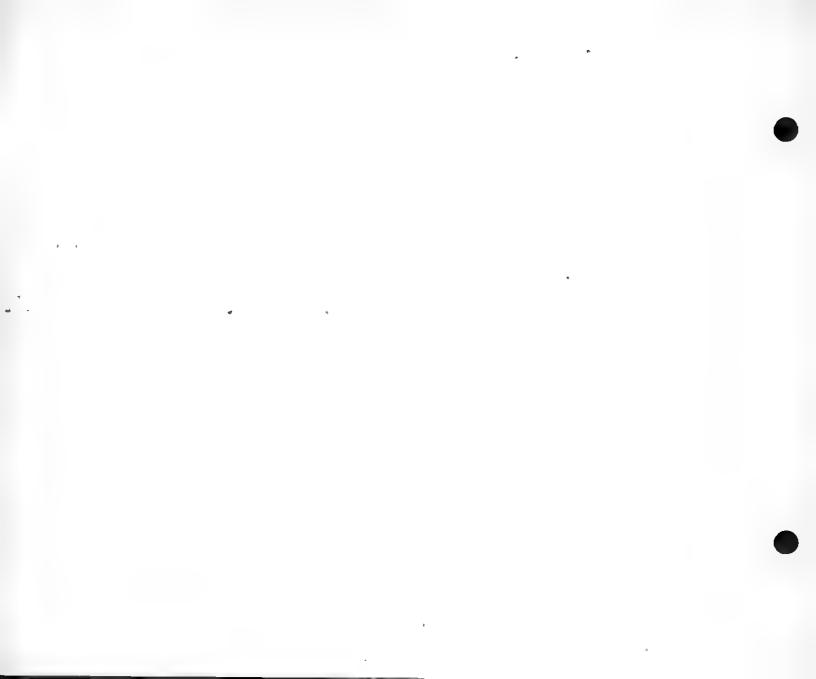
Netured Painter INDUSTRY nnsulvania 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME osephesus Reigle 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) Ellsworth Reigle, Same signed by the c buriol-transit p 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (a) davs DUE TO Canditions, if any, which gove Pulmonary emphysema, severe vears rise to immediate cause (a), DUE TO stating the underlying cause hos been last. 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Arteriosclerotic cardiovascular disease YES NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS JINDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) 21. I certify that (I) (this base and attended the deceased fram July 7 , 19 66, to July 10 , 19 66 that (I) (we) last saw the deceased alive an July 9, 19 66, and that death accurred att: 50AM, fram causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED 7-11-66 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S 7215 York Road Baltimore, Md 21212 NAME (Type) S.I. Venable Ir director, 23h. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. (State) REMOYA. (Specify) Balto., Md. arkwood (emeteru 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 C



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09587 0.9587MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 3 to Page a, TIMORE ate Department of hours after death. MARYSAND (floutside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CIY OR TOWN c TENGTH OF STAY IN In MAN 146 60 Mins d STREET ADDRESS NSTITUTION (f not in hospito, give street oddress) e IS RESIDENCE ON A FARM? tem 18 Give Pages 1, arang with form YES 🔲 NO 3 NAME OF with the Sto within 72 } lost Year DECEASED (Type or print) DEATH S SEX 3 COLOR OR RACE 7 MARRIED NEVER MARRIED ethdoy) HOLES WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT of working life, even if retired) _ 13 FATHERS NAME w.fhin pencil IS WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate should be executed remayal, permit (Yes, no, or unknown) (If yes give wor or dotes of service) some a th NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH BWNING Б IMMEDIATE CAUSE (o) s a burial-tra cremation, c DHE TO Conditions, if any, which gave rise to immediate couse (a). DHE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) NO F 200 EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of in usy in Port or Port 1 of Item 18.) CAUSE OF DEATH 20c TIME OF NURY Month, Doy Year 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Loctory, street off ce plag., etc.) Not While of work MD While 5 may be retained for your O FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autopsy Inspect on 2 Inquiry 🖳 and n my apin an death resulted fram Natural causes Accident 1 Suicide | Hamicide Undetermined manner CHIFF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER O DEPUTY Address (Street, Att. 100 or could Health (230. BURNAL CREMATION DATE THEREOF 23d, LOCATION (City or Town) 25o. REC D BY REGISTRAR 25b REGISTRAR'S SIGNAMIRE VR ATSME (5) DATEJU



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.9588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Baltimore Maryland Baltimore , 0 after death. MARY, AND deloy b CITY OR TOWN (If outside corporate 1 mits, c CTY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 puo write RURAL and give nearest tawn Baltimore 21212 Baltimore, d. NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e. 5 RESIDENCE hours 216 Rodgers Forge Road 216 Rodgers Forge Road ON A FARM? in Item 18. Give Pages NO No 24 hours after death 3 NAME OF with the Sto within 72 | First Middle Last 4 DATE Manth Уван DECEASED Scott Rhodes 0F 16 Franc 66 (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 4 B DATE OF BIRTH AGE (In veors IF UNDER IF UNDER 24 HRS tasj syrthday) Months Days Haurs W 1-19-1893 WIDOWED DIVORCED 1 BIRTHPLACE (State or foreign country) 10a USUA, OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working ite, even if retired) INDUSTRY Columbia. Pa. Examiner's 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil 13 FATHER'S NAME Martha Given Howard B. Rhodes 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Add 1:2 Meadow Ave. (Yes, no. or unknown) (If yes give war ar dates of service) used os a buriol-transit permit. burial, cremation, or removal, hu-0861 Mr. Mercer G. Rhodes Bronxville. N.Y. 18 CAUSE OF DEATH (Enter only one cause per une for HNTERVAL BETW PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) writing the word DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES NO agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE MOW NBURY OCCURRED (Enter nature of injury in Part I ar Part I af item 18.) 3 should PRIMARY I or CONTRIBUTING I O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH 20c. T.ME OF INJURY Manth, Day Year 20d NURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (Caunty) (State) Hour a.m. factory, street, affice bldg., etc.) While FUNERAL DIRECTOR: Page at work at wark Inspection 7 Inquiry ond in my opinion deoth resulted from Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol 6 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Charles F'. O'Donnell Address (Street, city, tawn, or caunty) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 St. John's Cemetery 7-19-1966 Worthington Valley
REGISTRAR | 256 REGISTRAR'S SIGNATURE ADDRESS 2So REC'D BY REGISTRAR VR A15ME (S 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09589 CERTIFICATE OF DEATH 00589 Canal Service be executed within 24 hours after deoth. and funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY n. STATE b. COUNTY ~ ampletely filled in by the fur ve carbon popers. Pages 1 event, within 72 hours after MARYLAND Itimore c LENGTH OF STAY IN 16 c. CITY OR TOWN (If 5. itside corparate limits, write RURAL and give nearest town) autside carparate limits. give negrest town Himore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? in elen Road beneral YES NO NAME OF remove carbon Middle 4. DATE Month Dov Year DECEASED OF DEATH 19 66 (Type or print) S SEX AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH (ast birthdoy) Months Days Hours or removal, and in ony WIDOWED DIVORCED | 12 CITIZEN OF WHAT 10o LISUAL OCCUPATION (Give kind of work done 10b, K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY housewife
13. FATHER'S NAME at home Russia LICA 14. MOTHER'S MAIDEN NAME offending pny-Benjamin Siegel Leah 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address PHYSICIAN: The low requires that the death, (Yes, ng. or unknown) ((If yes give war ar dates of service) 3707 Pinolog Road cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: excho Vas cula IMMEDIATE CAUSE (a) DUE TO buriol, 1 Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse the hospital or ottending last. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !{a} this certificate has YES [NO 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) Hour a.m. factory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING Poge 4 moy be retoined by th TO FUNERAL DIRECTOR: After 1 at wark After 21. I certify that (1) (this haspital) attended the deceased from 7 1966, ta 1966, that (1) (we) las and that death accurred at M, fram causes and on the date stated abave saw the deceased alive on. 22a. SIGNATURE DATE SIGNED **ATTENDING** MED. DIRECTOR director, page 3 should be filed v PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (TYP) 23a BURIAL CREMATION. 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7/5/66 2 Burial
FUNERAL DIRECTOR BALTIMORE 25g. RECD BY REGISTRAR VR A15 (4) 1966 20 M 1/66 DATE BROS INC. 6010 REISTERSTOWN



MARYLAND STATE DEPARTMENT OF HEALTH OSSSO THE CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE Md b. COUNTY bal to Baltimore after nding physician and completely filled in by the in then please remove carbon papers. Pages 1 remove, and in any event, within 72 hours after MARYLAND CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 3040 Arizonia NOX YES Arizonia avenue NAME OF First DATE Month Day Year DECEASED OF DEATH (Type or print) RTIFY 18 1966 5. SEX AGE (In years HEUNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Hours 68 1898 8 WIDOWED . DIVORCED: May 10e. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) COUNTRY? USA Building Virginia 13. FATHER'S NAME MOTHER'S MAIDEN NAME has been signed by the attending as the burial-transit permit. The prior to burial, cremation, or remoti PILEY VER INU.S. ARMED FORCES? Mattie Harrison 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) -01-261 Family records Yes INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY etached for use Dept. of Health PERFORMED? YES NO 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) ould be der factory, street, office bldg., etc. After Hour a.m. Not While OR ATTENDING P be retained by t 19 at work L at work director, page 3 should should be filed with the S 1953 19/06 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 1965 and that death occurred at 4 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. DIRECTOR Page 4 may 1 M.D. PHYS. PHYSICIÁN'S 22c. 22d. ADDRESS NAME (Type) Thomas rennan BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. /LOCATION (City, town or county) (State) Moreland Mem Pk Balto. Co 20/66 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) SON 8802 Harford road F. EVANS 15M 4-64



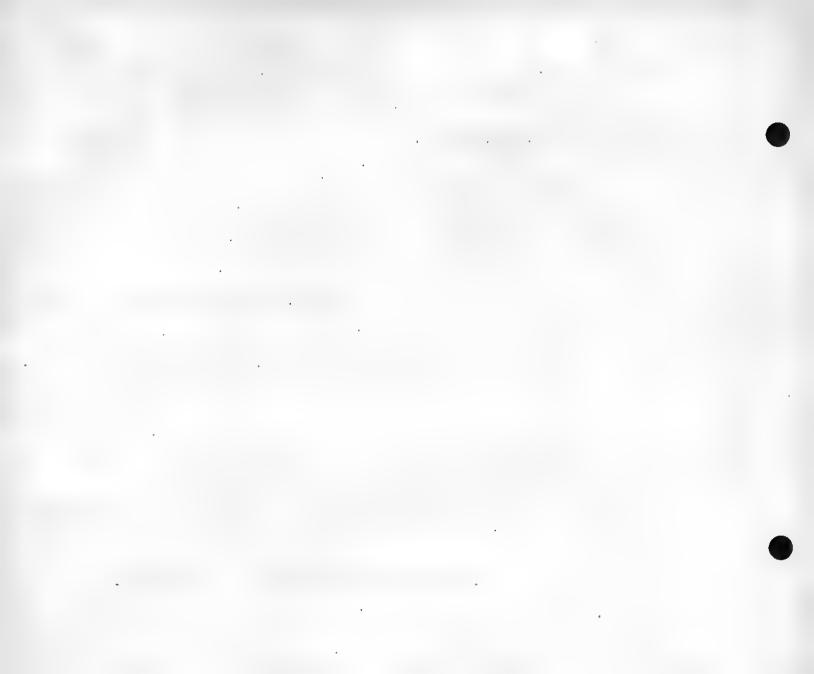
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore Bal timore MARYLAND City OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b etely filled in by 1 bon papers. Page within 72 hours a Catonsville Loch Raven Willage d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? d. STREET ADDRESS 1728 Aberdeen Road House in the Pines - Catonsville 31 NO T ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely LOQ DO NAME OF First Year Middle Last Month Day DECEASED Julv 13 19 66 (Type or print) Stratis Rimbos DEATH James 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove SEX 7. MARRIED X NEVER MARRIED DATE OF BIRTH last birthday) Months Days July 1h. 1893 Male Whi.te WIDOWED DIVORCED [fending physician a di. Then please re of removal, and in .= 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Self employed concessonai re Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Rimbos Stratis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yes give war or dates of service) Mrs. Camille R. Rimbos World War same address cremation, the t been signed by the burial-transit prior to burial, cremati INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 3-106 IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. 38 WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate NO L YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) ö ached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work retained C 194 that (I) (ive) last 21. I certify that (I) (this hospital) attended the deceased from. S should with the and that death occurred at 3.2. M. from the causes and on the date stated above. 194.7 saw the deceased alive on 22a. SIGNATURE DATE SIGNED E . page STAFF PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S NAME (Type) O HOSPITAL FUNERAL 22d. ADDRESS director, p should be BURIAL, CREMATION, REMOVAL (Specify) BURIAL (State) DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Baltimore National Baltimore, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 VR A.[5 (4) DATE 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) by the furnithments of the furnithment of the furnithments of the furnithment of the a. STATE b. COUNTY c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) More MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours <u>,</u> = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? hin 72 609 Broo ND 🔯 within completely NAME OF Middle Last DATE Month Day Year DECEASED OF event, (Type or print) DEATH 1966 Kabinson executed 6. COLDR DR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED DATE OF BIRTH NEVER MARRIED pue any remale av 26 WIDDWEO 5 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician en please r and in 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY7 ÜSA Michield Kohn Co. Balto. Co. . Md. Retired Clerk certificate FATHER'S NAME removal. MOTHER'S MAIDEN NAME Late-James M. Richmo Late-Raechel E. Mallonee Richmond Megenhardt 16. SDCIAL SECURITY NO. 17. INFORMANT ь Esther death (Yes, no, or unknown) (If yes give war or dates of service) Mrs tramit purm cremation, 215**-10-7131** Ad. Balto 29 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signe by wrial-tramit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WELL bles signed the burial-tr or to burial, (DUE TO Cenditions, If any, which gave rise to immediate DUE TD cause (a), stating the Ь underlying cause last. (c) as CERTIFICATION PART II. DTH ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) WAS AUTDPSY r this certificate of detached for use te Dept. of Health PERFORMED? ND T YES [20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE DE DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work retained by at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from 195 age 3 should lied with the and that death occurred at 10 AM, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE DATE SICNED 22b. Page 4 may be page M.D. PHYS. DIRECTOR PHYS. HOSPITAL III FUIEIIIL PHYSICIAN'S ADDRESS director, p 22d, NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Entombment leum - Balto Md REC'D BY REGISTRAR (25b. REGISTRAR'S SIGNATURE 25-66 Mausoleum 24. FUNERAL DIRECTOR 1966 VR AI5 (4) DATE 20M 1/65



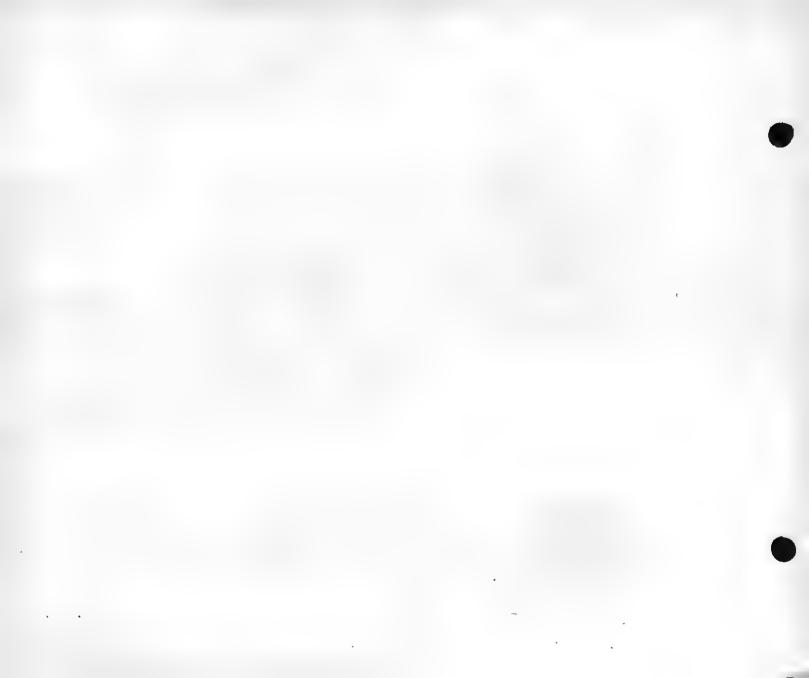
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH AAFAS funeral and 2 death PLACE OF BEAU 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after after Baltimore County MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If pytside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Mount Wilson .5 papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 Wilson State Hospital within Mount ND & within etely carbon NAME OF DECEASED 3. Middle DATE 4. Month Day remove carb OF 0 COMPL (Type or print) DEATH 19 executed 5. SEX 6. COLDR OR RACE DATE OF AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min 8. 7. MARRIED NEVER MARRIED Months I Days Hours and WIDOWED DIVDRCED E 1Da. USUAL OCCUPATION (Give kind of work done physician on please r 12. CITIZEN OF WHA 1Db. KIND OF BUSINESS OR 11. RIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? and 13. FATHER'S NAME MOTHER'S MAIDEN NAME transit permit: T 15. WAS DECEASED EVER IN D.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Records, Mount Wilson State Hospital 212-0 INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b) The faw requires that the been signed by the burial-transit or to burial, crema ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO lara Conditions, If any, which gave rise to immediate DUE TO (a), stating the prior t underlying cause last. has 60 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY Health PERFORMED? certificate ND I YES Ö 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) detached for the Dept. of 1 this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) be de State factory, street, office bidg., etc.) Hour a.m. After While Not While at work at work p.m. retained v 21. I certify that (I) (this hospital) attended the deceased from shoul OIRECTOR: saw the deceased alive on. and that death occurred at 20.M. from the causes and on the date stated above. 3 showith 22a. SIGNATURE DATE SIGNED 22b. page ATTENDING MED. Comer OIRECTOR M.D. may Dai O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 22c. M.D. Superintendent Mount Newcomer Mary Page BURIAL, CREMATION, 1 23b. DATE THEREOF LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Moreland Memorial Burial Park Baltimore, Maryland -1966 24 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Seitz 5209 York Road VR A15 (4) Funeral H ome 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09594 CERTIFICATE OF DEATH certificate be executed within 24 hours after death. and campletely filled in by the funeral remove carbon papers. Pages/1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY b. COUNTY Baltimore Marvland MARYLAND C LENGTH OF STAY IN 15 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, ve carban papers. Page event, within 72 hours at write RURAL and give nearest town) Baltimore e IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1350 Loch Shiel Road 1850 Loch Shiel Road YES MO TO 3. NAME OF First Middle 4. DATE Manth Last Ddy Year DECEASED Roth Margaret July 19 5 6 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED last b rthdoy) Months Hours Days and in any hite Sept. WIDOWED DIVORCED Female 10o LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working Life, even if retired) INDUSTRY COUNTRY? Switzerland Housewife lome 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, Hans Haenzl Karolina Wick 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO The law requires that the death permit. (Yes, go, ar unknown) (If yes give war or dates of service 56-10-3993 John Roth 1850 Loch Shiel Road crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p NO /D YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Hour a.m. Nat While factory, street, office bldg , etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased from 10 - 21, 1965, to 7 - 7, 1966, that (I) (we) last saw/the deceased alive an 17 - 7 1966, and that death accurred at 23 PM, from causes and an the date stated above. 7 . 196 (, that (1) (we) last director, page 3 snoura shauld be filed with the 22p. SIGNATURI 22b. DATE/SIGNED M.D DIRECTOR PHYS 22d ADDRESS PHYSICIAN S NAME (Type) Kuehn. Medical M - DArts Building 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23d BUR AL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Dulaney Valley Gardens Baltimore Co. 25g, REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH CSDIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
اغداق	CERTIFICATE OF DEATH 19595
by the fune Pages (Languages)	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission a STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution; Residence before admission as STATE 203 Code good lived, if institution as STATE 203 Code good lived, if institution as STATE 203 Code good lived, if institution as STATE 203 Code good lived good lived good lived good lived good lived good
7 e e	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) G. B. H C., G. IS RESIDENCE ON A FARM? YES NO F.
completel e carbon event, wit	3. NAME DF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR) IF UNDER 24 HR.
ian and (ise remov id in any (WIDOWED DIVORCED S-3-0 BIRTHPLACE (County & State, or fereign country) 10a. USUAL OCCUPATION (Give kind of work done or involved
ing physic Then plea Imoval, an	13. FATHER'S NAME Payal 14. MOTHER'S MAIDEN NAME Thury Rayal Than a
ne attend permit. lion, or re	15. WAS DECEASED EVENINU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
2h W ==	18. CAUSE DF DEATH [Enter only one cause positine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO
e hospital or attendi lis certificate has b tached for use as th dept, of Health prior	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Parm, Parm
NERAL DIRECTOR. At the Strong of the Strong	21. I certify that (I) (this hospital) attended the deceased from
Pag TO FU dire	23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial 7-23-66 Loudon 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
R AIS (4)	Wm. Cook-Brooks Towson, Towson, Md. DATE JUL 25 1966 gcharles Judge
	Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burlal-transit permit. Then please remove carbon papers. Should be filed with the State Dept. of Health prior to burlal, cramation, or removal, and in any event, within 72 ho



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0959 requires that the death certificate be executed within 24 hours after death puo 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages I and PLACE OF DEATH o. COUNTY b. COUNTY o STATE MARYLAND BALTIMORE b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 63 DAYS FORT HOWARD RATITIORE IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS 5207 YES | NO PARFORD ROAD VETERANS ADMINISTRATION HOSPITAL 3. NAME OF First Midd e Lost 4. DATE Dov Year DECEASED 1956 Type or print) RHCKTE DEATH STNCLATE S SEX DATE OF BIRTH 9. AGE (In years IF UNDER YEAR E UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours in any LALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR t Then please removal sand in COUNTRY during most of working life, even if retired) by the attending physician ransit permit. Then please BALTIMORE, MARYLAND COFFEE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JULIA SHIPLEY WILLIAM RUCKLE 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service)] 16 SOCIAL SECURITY NO 17 INFORMANT VA HOSPIPAL ㅁ 66 CLINICAL RECORDS FORT HOWARD, MARYLAND NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) RECENT PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (o) attending physician DUPLOX signed burial-tr Conditions, if any, which gave MYOCARDIAL INFARCTION RECENT & OIL rise to immediate couse (o), DUE TO stoting the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Hegith YES 🔀 NO this certificate 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from MAY 9. director, page 3 shaull should be filed with the be retained saw the deceased alive on JULY 11. 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. comora 7/11/66 M.D DIRECTOR 22c PRÝSICIAN'S 22d. ADDRESS VAH FORT HOWARD, MARYIAND PETER V. JUVAN. M. D. NAME (Type) 23b. DATE THEREOF 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store) 166 BALTIMORE NATIONAL BALTIMORE, MARYLAND FUNERAL DIRECTOR ADDRESS. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ALTENBURG FUNERAL HOME 6009 HARFORD RD. DALFIMORE, ND.



1	MARYLAND STATE DEPARTMENT OF HEALTH	
de Cap other	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
F'R STATE	US597 MEDICAL EXAM FER'S CERTIFICATE OF DEATH 09597	
HEALIH DEVA.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived if institutions Residence before admission) e. COUNTY e. STATE b. COUNTY D	
Page 1	Baltimore Maryland Md. Baltimore	
for. Ir f	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b., c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town.)	
is no irection you part	write RURAL and give nearest town) Long Beach (20) Life Baltimore d NAME OF HOSP TAL OR NST TUTION of not un bostwiel give street address d STREET ADDRESS	
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State	Patapsco Ave. 1326 Necker Avenue 1 YES NO 12 3 NAME OF Last 4. DATE Month Day 2 Yeer	
If ar	DECEASED (Type or print) JoAnn L Sain OF DEATH 7 - 19 (36	
ath. 3 to 3 to be iih t	5 SEX 16. COLOR OR RACE, 7 MARDIED TO NEVED MARDIED TO B. DATE OF BRTH 19. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.	
ma)	Female Widowed Divorced 9-12-1957 last birthday) Months Days Hours Min.	
affe 2.2 5.0 %	10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!	ī
Pac Pac	Student Balto. Md. U.S.A.	
M3. M3.	13. FATHER'S NAME	
Give Give File I any	Joseph Sain Joan Wirsing	
With 18.	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no, or unkown] [[Hyesgivewerordetesofservice]] [Yes, no, or unkown] [[Hyesgivewerordetesofservice]] [Yes, no, or unkown] [[Hyesgivewerordetesofservice]]	
uted Item will peri	None Mr Joseph Sain 4326 Necker 4326 Lecker Avenue	Ì
ong ong oval	PART I DEATH WAS CAUSED BY:	
ould be exerting the properties of the plant	IMMEDIATE CAUSE (6)	
ould in p Offic buris	Conditions, if any, which (b)	
S 50 N 8 10	geve rise to immediate cause (e), stating the underlying DUETO	
ertificate J"pendin Examiner e used as	cause last. (c)	
Exal Series	PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED?	
his (work)	None YES None	-
TER: T	PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NOTE 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
EXAMINE ate, writing the Chief of the Chief	20c. TIME OF NJURY Month, Dey, Yeer 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, 20f. (City or lown) (County) (State) 3:30 PM m. 7-3 19 66 et work et work Summer Shore Long Beach, Balto. 20. Md.	
The war Pe	3:30 PM 7-3 19 66 et work at Summer Shore Long Beach, Balto. 20, Md.	
IL EX fireate, fire th TOR: sd age	21. I certify that I took charge of the remains described above, weld an Autopsy , Inspection Inquiry and in my opinion	
ICA reer reer The Court	death resulted from: Natural causes . Accident Suicide . Homicide . Undetermined manner	
The orward design	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D	
A PIL	NAME (Type) M. B. Davis, M.D. 6800 Mornington Revenue Dunda Mc 22 co Mile	
Should be 100 FUNERAL leasth or its d	220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote)	
5 g 4 5 x	Burial 7-6-1966 Parkwood Gemetery Baltimore Co. Burial	
VR A15ME	23. FUNERAL DIRECTOR ADDRESS 246 REC'D BY REGISTRAR'S SIGNATURE	
5M 1/62	Lass als Junual Home 1401 Below Road DATE JUL 7 1966 Icharley Judge	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Resid noe before admiss on e. COLNTY h COLNTY MARYLAND "aryland Baltimore b. CITY OR TOWN (if outside to e. LENGTH OF STAY IN 16 c (IY OR TOWN if outside corporate I mits write RURAL and give no rest lower Write RURAL and give perest town) White Marsh Laryland (Rual) IS RESIDENCE ON A FARM? YES NO THE 26A Ebenezer Road Thite Warsh 3. NAME OF Middle DECERSED OF (Type or print) DEATH Lee 19. AGE (In yours | IF UNDER I YEAR B. DATE OF BRITH 7. MARRIED NEVER MARRIED K last buthday, Months | Deys Hours 3-9-1959 , WIDOWED DIVORCED [10a. USUAL OCCLPATION [Give kind of work 10b KND OF BUSINESS OR INDUSTRY 11. B RTHPLACE State or fore an country 12. CITIZEN OF WHAT COUNTRY? done during most of working ife, even if retired) Baltimore Student Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Matschulat Earl L. Sain 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice "r Earl L. Sain 26A Ebenezer Road hite warsh No 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), end (c,) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE IO 244 DUE TO Conditions, if any, which geve rise to immediate couse DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, JEnter neture of injury in Pert I or Pert II of item 18 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED ZO PLACE OF INJURY (Home form Month, Day, Year fectory, streets office stdg., etc.) Not While at work et work 1 21. I certify that I took charge of the remains described above held an Autopsy \(\) Inspect on \(\) Inquiry / and in my opinion Accident Suicide Natural causes Undetermined manner [Homicide CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER please e 4 should O FUNER Health or M. B. Davis, M.D. 6800 Mornington Rd. Dundalk 22 220. BURIAL, CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Gardens of Faith Cemeterv Baltimore Co. 23. FUNERAL DIRECTOR 246 REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE VR A15ME 5M 1/62



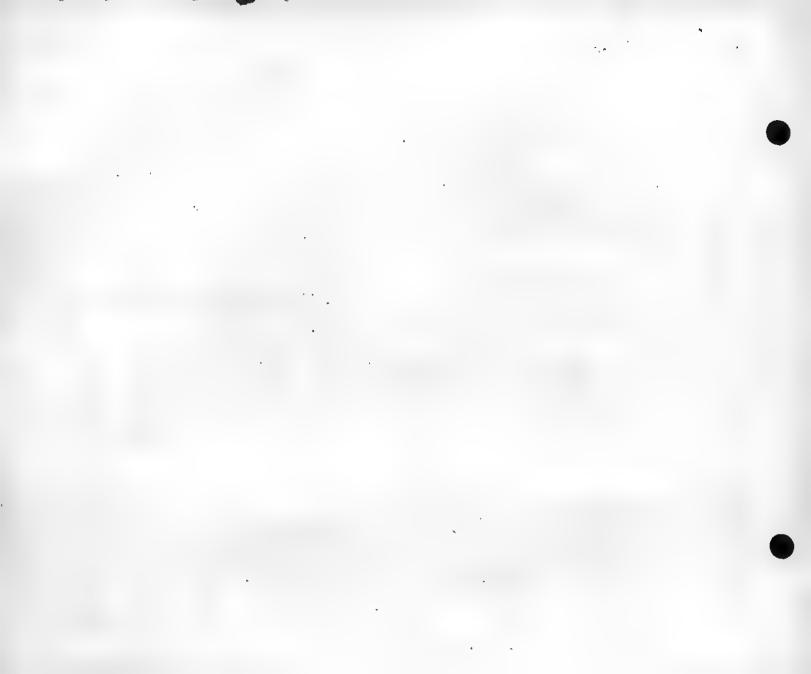
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res	bur bur		conditions, if any, which gave rise to immediate (b)_	A.	S.C.V.	<u>0 · </u>			
nha	the rto		cause (a), stating the OUE TO						
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9	te h	4T10	PART II. OTHER SIGNIFICANT CONDITIONS	3 8	1.4		AL DISEASE GUNDITION	I GIVEN IN PART 1(3)	19. WAS AUTOPSY PERFORMED?
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PHYSICIAN	or by the rispital of attenti After this certificate has b d be detached for use as the state Dept. of Health prior	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. 0	ESCRIBE HOW INJURY OC	CUKKED. (Enter natur	e or injury in Part 1 o	L Latr it of Item 19	,
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9	de retained by the size of the	MEDICAL	Hour a.m. p.m. 19	While at work	THE PROPERTY OF THE PARTY OF TH	tory, street, office bldg	g., etc.)		
ATTENDING	ed led		21. I certify that (I) (this hospital) attende	d the deceased from_	APril 30	, 19 66 to	7-30, 19 6	6, that (I) (we) last
		Ш	saw the deceased alive on	7-30	- 19.66, and the	at death occurred a	at 520 M, from th		he date stated above.
Z :	× ×	Ш	22a. SIGNATURE	0 6	2	ATTENOING	MED - SI	4	ATE SIGNED
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		24	FUNERAL OIRECTOR Jitzke 4101 Tdr	nonde	ADDRESS		REC'D BY REGISTRAR	25b. REGISTRAR'	S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 funera PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY filled in by the fu papers. Pages 1 a hin 72 hours after o BALTIMORE after MARY LAND MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b BALTIMORE BALTIMORF d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within MILFORD MANOR NURSING HOME 3509 ELDORADO AVENUE YES NO completely i within NAME DE DATE Month 3. First Middle Day Year Last DECEASED remove carb HERMAN SARUBIN JULY (Type or print) DEATH 19 66 executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months | Days Hours and MALE WIDOWED F DIVORCED 127/93 attending physician a smit. Then please re in, or renforal, and in = 10a. USUAL OCCUPATION (Give kind of work done I 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) þe during most of working life, even if retired) COUNTRY? INDUSTRY RUSSIA LISA MERCHANT RETALL death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) been signed by the at the burial-transit perm or to burial, cramation, MILTON SARUBIN. 3704 CLARKS NO CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HERHYTH-MIA OR ATTENDING PHYSICIAN: The law requires that to be retained by the hospital or attending physician. 160 IMMEDIATE CAUSE (a) DUE TO tenous on Head Dissus Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (C) ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate his hed for use a t. of Health p PERFORMED? YES NO F CERTIFI 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) this certification of the control of MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) After thid be detailed by State De factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work p.m. 1955 to the 1966 that (1) (we) last FUNERAL DIRECTOR: A Should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 857 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22h. DATE SIGNED ATTENDING PHYS. Page 4 may b M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS 22¢. TO FUNERAL director, p should be 1 NAME (Type) LEON KASSEI PAUL STREET 23b. DATE THEREOF BURIAL, CREMATION, 23 c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) TELLOH CONG BAITIMORE RURTA 7/15/66 REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR ADDRESS** REC'D BY REGISTRAR | 25b. VR A[5 (4) LEVINSON & BROS. INC. 6010 REISTERSTOWN 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09602 funeral 1 and 2 r death after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLANO b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) n and compression papers. ours Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? Paradise Nursing Home 57 Edmonson Ridge Road YES NO X NAME OF DECEASED DATE Month Middle (Type or print) Harry S. Saumenig DEATH 1966 July 1 AGE (In years | IFUNOER I YEAR | FUNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months | Days | Hours Feb. 2, 1990 76 WIDOWED X DIVORCED Male 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) has been signed by the attending physician as the burial-transit permit. Then please reprior to burial, cremation, or removed and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR certificate be during most of working life, even if retired) COUNTRY? Howard Co., Maryland
14. MOTHER'S MAIDEN NAME Painter and Paper Hanger Decorator U.S. 13. FATHER'S NAME Samuel S. Saumenig Rosa Easton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Baltimore, Address Md. 21229 (Yes, no, or unkown) (If yes give war or dates of service) 217-07-9418 Mrs. Blanch T. Wilson 835 Stamford Road INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). The law requires that the or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ERMINAL BRONCHO PNEUMONIA
ACTIOLOGY UNDETERMINED 4 DAYS IMMEDIATE CAUSE (a) QUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept, of Health prior CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ARKINSONS DISEASE (25-304EAKS DURATION) NO F PHYSICIAN: T the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Oav. Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from ApRiL 1963 to 14141, 1966, that (1) (we) last 19 6 and that death occurred at 11.30 PM, from the causes and on the date stated above. saw the deceased alive on U u/Y 22b. DATE SIGNED 22a. SIGNATURE 7/2/66 MEO. DIRECTOR STAFF PHYS. Page 4 may ! ADDRESS 5000 BALTIMORE NATIONAL PHYSICIAN'S NAME (Type) Melvin N. Borden M.D. BALTO MD 21229 BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Howard Co Mary But LE STORE STEEL ST McKendree Cemetery 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR Funeral Home Catonsville, Md. DATE VR A15 (4) 15M 4-64



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1. PLACE OF DEATH USUAL RESIDENCE 'Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore a. STATE IMARYLAND IMORE Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? ud Gun Road NO X 3. NAME OF DATE OF Sister Mary Dominica Saunders DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 78 vrs -21-1887 Months, Hours WIDOWED DIVORCED 10a, USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE (County & State, or fore gn country; 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Elizabeth New Jersey U.S.A. Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Jacob Saunders Elizabeth Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (Hyes give war or detes of service) 219-54-37 701 Gun Road Sr. M. Magdalen 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (6) geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6, 19. WAS AUTOPSY PERFORMED? Õ NO X 200 ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW NIJRY OCCURED, (Enter neture of injury in Pert I or Pert II of Hem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, 201, (City or lown) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) While Not While MEDI Hour e.m. et work el work OR: p.m. 11......19 66., and that death Acured at 330M, from the Laused and on the date stated above. saw the deceased alive on... 22m SIGNATURE ATTENDING SIGNED PHYS. 22d. ADDRESS 22c. PHYSICIAN PUNER filed v 23a, BURIAL, CREMATION. (State) 0.28 REMOVAL (Specify REC'D BY REGISTRAR | 25b. BRGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 [4] 15M 7,61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH after death, and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 24 hours Baltimore Baltimore = e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 21234 8014 Harford Rd. St. Josephs Hospital within NO X 5 YES etely 3. NAME OF Month Middle Last DATE Day Year DECEASED OF DEATH Schell July 18 66 Clara Seymour (Type or print) 19 executed 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. OATE OF BIRTH 7. MARRIED NEVER MARRIEO last birthday) Months Oavs Hours white female WIOOWED * OIVORCED [nding physician a . Then please re removal, and in a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) that the death certificate be County. W. Va. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Villiam Thomas DeLay. Mary Jane Seymour. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mary Pownell, Baltimore. Md. NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial Infarction hospital or attending physician. IMMEDIATE CAUSE (a) been > 've buriat, OUE TO Arterial Thrombosis Conditions, If any, which rise to immediate DUE TO cause (a), stating the Cardio vascular Thrombosis underlying cause last. WAS AUTOPSY PERFORMEO? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ificate h for use Health p NO Tel 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) certi stached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Hour a.m. at work at work . 19 66 that (I) (we) last retained Mav 19 66 July 18 0 21. I certify that (I) (this hospital) attended the deceased from 18 1966 saw the deceased alive on_ and that death occurred at from the causes and on the date stated above. 22b. OATE SIGNED 22a. SIGNATURE FUNERAL Dr. ctor, page 3 og be **ATTENOING** MED. July 18. I'me chieze vyou DIRECTOR PHYS. PHYS. ADDRESS PHYSICIAN'S 22c. director, p NAME (Type) 7620 Vithespongse York Rd. Pridipongse NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 0 Lahmansville. Cemetery. 66. Lahmansville REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09605 **CERTIFICATE** OF DEATH requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral nave casban papers. Pages 1 and 2 neverant within 72 hours affer death 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAE and give nearest town write RURAL and give nearest town) CATONSVIL d NAME OF HOSPITA. OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO: 3 NAME OF Firs 4. DATE Year DECEASED OF DEATH (Type or print) AGE (n years IF LINDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** mave birthdoy) WIDOWED DIVORCED signed by the attending physician and burial-transit permit. Then please rem 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10b 11. BIRTHPLACE (County & State, or fareign country) and in during most of working, fe, even if retired) INDUSTRY **COUNTRY?** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or Linkpown) (If yes give wer or dates of service 5 crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO attending stoting the underlying couse the ir ta this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO NO 200 ACC DENT WAS JNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) by the haspital Jetached for Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that 49 (this haspital) attended the deceased from be retained shauld 19 61, and that death occurred of 1.40 PM, from causes and on the date stated above. sow the deceosed olive on.... 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial (Specify) 7-26-1966 Holy Redeemer Baltimore. re Mary land
25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966 Lilly & Zeiler Inc. 1901 Eastern Avenue



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b COUNTY Baltimore a COUNTY o STATE Maryland Baltimore 40 death. MARYLAND c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (I outside corporate imits. Eastpoint Dundalk (22) d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, a ve street address) d STREET ADDRESS S RESIDENCE ON A FARM? 71 Broadship Rd. 7800 Blk Eastern Blvd. Street NO X 3. NAME OF Middle Last 4. DATE Month DECEASED 66 July 17. DENNTS B. SCHULER DEATH (Type or print) FUNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARR ED DATE OF BIRTH AGE (n years 7 MARRIED last birthdoy) Hours White D VORCED Male 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT 10a USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? daing grate walking te even if refired) **JNDLSTRY** Baltimore, Maryland Finance 13. FATHER'S NAME ⊆ Theresa Brown Bernard Schulen 16 SOCIAL SECURITY NO 7 INFORMANT STAL EXAMINER: This certificate should be executed (Yes, no, pronknawn) ((If yes give war ar dates af service) or removol, Bernard Schuler 71 Broadship Rd. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) used as a burial-traburial, cremotion, DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (N. PART 1(0) NO F 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INITIARY OCCURRED (Enter noture of injury in Part I ar Part II of Item 1B) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. TIME OF INJURY Manth Day Year 20e PLACE OF INJURY (Hame farm. LCity and tawn) at wark 21. I certify that look charge of the remains described above held an Autopsy Inspection ond in my opinion director. death resulted from Natural causes Accident -Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heofth or its SIGNATURE the funerol TO DEPUTY DEPUTY MEDICAL EXAMINER 23b DATE THEREOF 23d LOCATION (City or Town) 23a, BUR AL CREMATION SO Baltimore, Maryland
REG STRAR 256 REGISTRAR 5 SIGNATURE Sacred Heart of Tesus 24 FUNERAL DIRECTOR Moran Inc 3000 E. Baltimore Street Milanle VR A15ME DATE JUL



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69607 CERTIFICATE OF DEATH and completely filled in by the funeral remove carbon papers Pages 1 and 2 The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived: if institution. Residence before agmission I. PLACE OF DEATH o. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If outs de carporate limits, write RURA, and give negrest town) b CITY OR TOWN (f auts de corporate limits, CLENGTH OF STAY IN 16 write RURAL and give negrest town) 28 days Fort Howard, Md.

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore e IS RESIDENCE ON A FARM? d STREET ADDRESS 2234 Mura Street YES NO L Veterans Administration Hospital 3. NAME OF Middle 4 DATE Last Manth Day Year DECEASED (Type or print) 166 MMI ROBERT SCOTT JR DEATH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH & COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Days Hours 9 19 17 WIDOWED DIVORCED LA YES Male Negro 12 CIT ZEN OF WHAT TOa USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) and in COUNTRY? during most of working life, even if retired) INDUSTRY Porter

13. FATHER'S NAME Lexington, N. C.

14. MOTHER'S MAIDEN NAME USA or remova Louise Fall Robert Scott. 17. INFORMANT 15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) Clinical Records-VAH Fort Howard, Md. Yes 216 01 17 cremotion, NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY-CARCINOMA OF LUNG WITH METASTESIS TO LIVER, IMMEDIATE CAUSE (a) signed by UNKNOWN Page 4 may be retained by the haspital or attending physician. ADRENALS AND LYMPH NODES buriol, UNKNOWN (b) LIVER CIRRHOSIS Canditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the prior to O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use BENIGN PROSTATIC HYPERTROPHY with the State Dept. of Heofth YES X NO 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (State) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour am. Nat White at work at wark . 1966, thatXII) (we) last 21. I certify that A (this hospital) attended the deceased from 6-21. 19 66 to 7-19 saw the deceased olive an ____7-19 1966, and that death accurred at 7.55AM, fram causes and an the date stated above. 22b DATE SIGNED 220. SIGNATURE ATTENDING Minter 7-19-66 director, page 3 should be filed v M.D DIRECTOR PHYS. **PHYS** 22d. ADDRESS 22c PHYSICIAN'S F. DE CASTRO, M. D. NAME (Type) VAH Fort Howard, Md. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Raltimore National 24. FUNERAL DIRECTOR VR A15 (4) Wilson Elroy O. Orleans St. Balto.Md. 20 M 1/66 DATE IIII



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.9608 09608 and 2 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH the funero b. COUNTY a. COUNTY o. STATE Baltimore MARYLAND Marvland vithin 72 hours offer b CTY OR TOWN (If outside corporate milts, write RURAL and give nearest town)

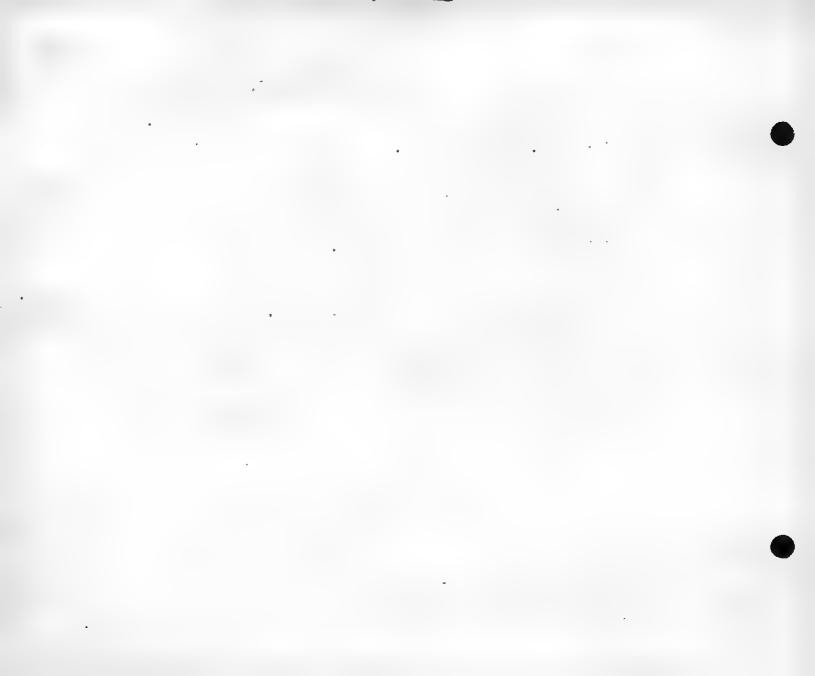
Catonsville C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give neasest lown) 2mth8dys Baltimore completely filled in nove corbon papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARMS 307 South Collins Avenue STATE SPRING GROVE HOSPITAL YES NO The law requires that the death certificate be executed within Middle 4. DATE 3. NAME OF F.rsf Last Dov Year OF DECEASED 20 Robert Lea Scott DEATH July 19 66 event (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS B DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED the attending physician and complete parmit. Then please remove birthdoy) Days Hours white WIDOWED X Sept. 2. 1918 signed by the attending physician and or burial-transit parmit. Then please remove burial, cremotion, or remaval, and in any male 12. CT ZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working le, even if retired) COUNTRY? INDUSTRY Maryland Restaurant Laborer 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME Howard S. Scott unlenown-Helen Kaffenberger UNITED CHITA 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service 220-05-8387 Records: SPRING STATE HOSPITAL GROVE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary embolism IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Possible coronary occlusion (b) rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending ECTOR: After this certificate hos been 3 should be detached for use as the with the State Dept. of Health prior to lost. WAS ALTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERT F CATION NO 200 ACC DENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. While Not While of work of work O FUNERAL DIRECTOR: After , 19 66, that XI) (we) last 21 I certify that (1) (this haspital) attended the deceased from May 12 July 20 saw the deceased alive an July 20 __19__66, and that death accurred at M, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED STAFF 7-20-66 80 director, poge 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESS SPRING GROVE STATE 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, ".D. 21228 Baltimore, Maryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIA, CREMATION (County) (Stote) REMOVAL (Specify)
Burial 22 1966 Balto. U. S. National Balto. Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 130 E. Fort Ave



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09603 death requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and completely filled in by the funeral remave carbon papers. Pages 1 and in any event, with n 72 haurs after deat 1. PLACE OF DEATH o. COUNTY b COUNTY MARYLAND BALLIMORE MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) 223 DAYS BALTIMORE FORT HOWARD d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (1f not in hospital, give street address) VETERANS ADMINISTRATION HOSPITAL 212 DORIS AVENUE YES 🔲 NOX 3 NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED 14 66 C. WARREN SETTERT JULY 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED past birthdoy) Months MARCH 2, 1921 MALE WHILLE WIDOWED DIVORCED 12 C.T ZEN OF WHAT KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done COUNTRY ? during most of working life, even 'f retired) INDUSTRY BALTIMORE, MARYLAND U.S.A. TRUCK DRIVER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY L. SETTERT CATHERINE NOLL 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dotes of service) ь YES 218 03 69 91 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) 2021 **DUE TO** Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the priar to O FUNERAL DIRECTOR: After this certificate has been UNKNOWN LYMPHOMA 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) RHEUMATOID ARTHRITIS YES NO þ 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Not While ot work at work be retained by 21. I certify that (1) (this hospital) attended the deceased from 12/3/65, 19, to 7/14/66, 19, that (2) (we) last saw the deceased alive on 7/14/66, 19, and that death occurred at 6:45AM, from causes and on the date stated above __, to___7/14/66_, 19___, that (b) (we) last saw the deceased olive on_ 22o. SIGNATURE 22b. DATE S GNED MED. DIRECTOR STAFF PHYS. 7/14/66 M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND NEILON NEILSON, M. D. directar, shauld 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) BURIAL CREMATION. (County) REMOVAL (Specify)
BURTAL LOUDEN PARK BALTIMORE, MARYLAND 2Sb. REGISTRAR S S GNATURE Liay Cly



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09610 CERTIFICATE OF DEATH requires that the danth certificate be executed within 24 haurs after death. 셄 death and factor of the filled in by the funeral remayer carban papers. Pages 1 and nany event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Paltimore MARYLAND Ballimore b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) layrs. Randallstown, M. Randallstown d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 9132 Liberty Ra., Rand Ilstown. Ma. 9102 Liberty Road NO Z 3. NAME OF Middle First Inst 4. DATE Month Dov Year DECEASED Wilhelm Frederick Senke I 1966 (Type or print) DEATH July DATE OF BIRTH 5 SEX AGE (In years IF JNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours lia la White WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10e USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) and in COUNTRY? during most of working life even fretired) INDUSTRY Grown Gork&SealCo. Bremen . Germany 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, IS WAS DECEASED EVER IN .. S ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, ng_or unknown) (If yes give wor or dotes of service) Ar. Fred W. Sankel. 9132 Liberty INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter on y one couse per Jine for (o), (b), transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to signed by DUF TO bund Conditions, if only, which gove ase to immediate couse (o). stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the los! 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use YES NO 20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Horne, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f. (County) (Stote) foctory, street, office bldg . etc.) Not While ot work Page 4 may be retained by 19/5 J. ta 21. I certify that (1) (this haspital) attended the deceased fram. 19.6, that (1) (we) last 1956, and that death accurred at 22. M, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. M.D PHYS DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or fown) (County) (Stote) REMOVAL (Specify) July 26, 1966 Druid Ridge Cemetery Pikesville 8. Md 2Sb. REGISTRAR'S SIGNATURE 72So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Marley Judg 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09611 CERTIFICATE OF DEATH ian papers. Pages 1 and 2 within 72 hours after death law requires that the death certificate be executed within 24 haurs after death by the funeral. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Baltimore Maryland o. STATE b. COUNTY Prince George's MARYLAND CLENGTH OF STAY IN 1h t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (floutside corporate limits. 2vrl0mthlldvs Washington. D. C. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREETS ADDRESS and completely filled in remove carban papers. ON A FARM? STATE HOSPITAL Esland Court SPRING GROVE YES NO [NAME OF 4. DATE Month Doy Year DECEASED July 20 66 Sepe Anna DEATH (Type or print) nany event IF LINDER 1 YEAR IF LINDER 24 HRS B DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Days Hours white female WIDOWED Sept. 2h. 189h 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o USUAL OCCL PATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) and in during most of working life, even if retired) NDUSTRY Maryland housewife 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME ar removal, Louis Stabile Angela Ipolito 1S WAS DECEASED EVER IN U.S. ARMED FORCES?

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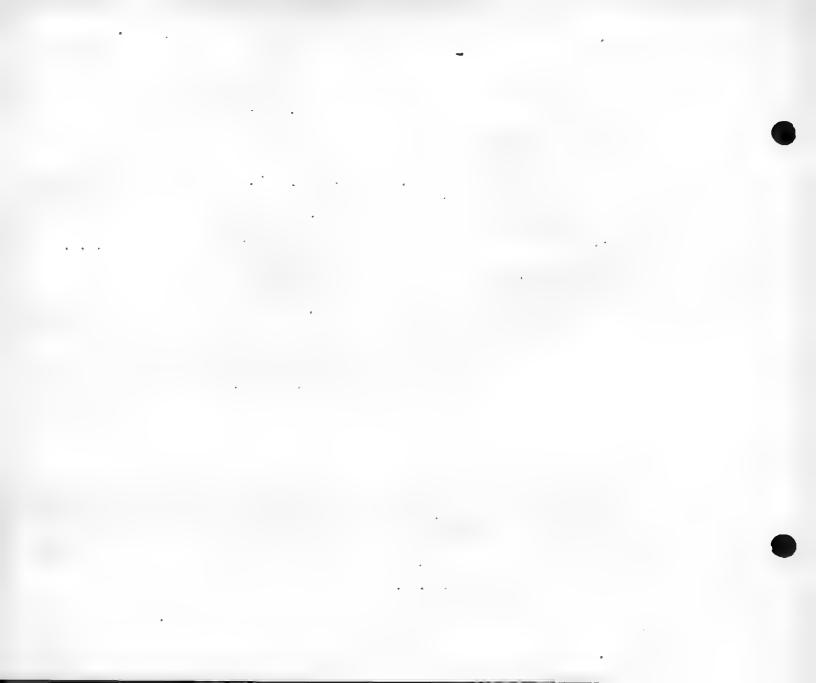
U.J. K. DOWN 16. SOCIAL SECURITY NO 17 INFORMANT Address unknown Records: SPRING GROVE STATE HOSPITAL signed by the atter burial-transit permital, a 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebrovascular accident IMMEDIATE CAUSE (a) DUE TO Cardiac failure Conditions, if any, which gave rise to immediate couse (a), DUE TO attending p stoting the underlying couse has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar this certificate jo 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Dov. Year foctory, street, office bldg , etc.) Hour o.m. While Not While at work ot work O FUNERAL DIRECTOR: After 21. I certify that (4) (this hospital) attended the deceased from Sept. 4, 19 sow the deceased olive an July 20 19 66, and that death accurred at JULY ZU M, fram causes and on the date stated above. sow the deceased olive an... 22o. SIGNATURE 22b DATE SIGNED 6 7-20-66 M.D. director, page 3 should be filed a DIRECTOR PHYS. GROVE STATE 22d. ADDRESS SPHERAG :(OSPANYATO 22c. PHYSICIAN'S NAME (Type) Stella Wachsler. M.D. Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify)
Burial Calvary Cemetery ong Island. New York 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 W45A 0



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6	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	
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	OR ATTENDING be retained by IRECTOR: After e 3 should be ed with the Stat			21. I certify that (I) (this hospital) attended the deceased from 15 fem 1962 to 75 16/4, 1966, that (I) (we) 1	
	CTO CTO			saw the deceased alive on 5 19 6 and that death occurred at 2.26 M, from the causes and on the date stated about 22a. SIGNATURE () 22b. DATE SIGNED	ove.
	DIRE 3			Tank O Shaub M.D. ATTENDING MED. MED. STAFF PHYS.	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09613 CERTIFICATE OF DEATH 24 hours after death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY BALTIMORE MARYLAND MARYLAND c LENGTH OF STAY IN 1b E CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, 9 DAYS BALTIMORE 21230 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADORESS 8. IS RESIDENCE ON A FARM? the attending physician and campletely filled in sit permit. Then please romave carban papers. 4525 PENNINGTON AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO X 3 NAME OF Midd e First 4. DATE Year Last DECEASED 66 LOUIS J. SHALCOSKY, SR JULY 21 (Type or print) DEATH any even requires that the death certificate be executed S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** 50 vrs Manths MARCH 14, 1916 MALE WHIRLID WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT and in COUNTRY? INDUSTRY Chemica] PENNSYLVANIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remayal, UNKNOWN JACOB SHALCOSKY 17 INFORMANT WAS DECEASED EYER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates af service) 212 09 13 88 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY ADEMOCARCEN INTERVAL BETWEEN burial-transit UNKNOWWAYATH ADENOCARCINOMA OF STOMACH IMMEDIATE CAUSE (a) BULLET MALIGNANT ULCER OF DUODENUM WITH METASTASES TO Canditions, if any, which gave TIMENOWN rise to immediate cause (a) PERTLYMPH NODES AND ADRENAL GLANDS ficate has been s far use as the b f Health priar ta b stating the underlying cause Page 4 may be retained by the haspital ar attending last. RECENT BRONCHOPNELMONTA LEFT LING 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health YES X NO this certificate 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WED CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c TIME OF INJURY Month, Day, Year (County) factory, street, affice bldg., etc.) Nat While at work 21. I certify that this hospital) attended the deceased from and that death occurred a2:00P M, fram causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on 22b. DATE SIGNED 7/22/66 22a, SIGNATURE STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S GEORGE DUDAS, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 230. BUR AL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) July 25, 1966 LOUDEN PARK NATIONAL BALITIMORE MARYLAND 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 George J. Gonce



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore a. STATE Maryland Baltimore after MARYLAND aft b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ Dimdalk hours 3 weeks Dundalk = d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 ON A FARM? 952 Elton Avenue 21222 8103 Grav Haven Road NOX complately DATE Month Day Year carbon 3. NAME DE Mlddle Last 4. DECEASED SHIPPIPPIP FUGENE J. 2-DEATH July 19 66 event, (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH and cor last birthday) | Months | Days any White April 3-1921 Malle DIVORCED WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Ξ Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR physician and please re death certificate be please I, and II Bethlehem Steel Co. furing most of working life, even if retired) Virginie Open Hearth removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME attending parmit. Then Bem Shifflett Bertha Knight Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) Wife, Mrs. Ella Louise Shifflett, #2,a,b,c,d. Army. 230-14-3479 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] signed by t urial-transit PART I. DEATH WAS CAUSED BY: Lever (MMEDIATE CAUSE (a) has been signed as the burial-tr prior to burial, o DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the this certificate has b letached for use as the Dept, of Health prior underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) PERFORMED? NO XXX YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, det factory, street, office bldg., etc.) e Hour a.m. Not While While at work at work 19 NET TO be retained DIRECTOR: All age 3 should lied with the S 1962 to 19 6 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at 6: 10M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE or, page be filed ATTENDING PHYS. MED. DIRECTOR July 3-1966 PHYS. M.O. 4 may TO HOSPITAL
Page 4 may
TO FUNERAL I
director, pag ADDRESS 22c. PHYSICIAN'S 22d. 1010 North Point Rd. Dundalk, Md. 21222 NAME (Type) Morris A. Jacobs M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Moreland Memorial Park Baltimore, Maryland July 5-1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AODRESS 24. FUNERAL DIRECTOR JOHN J. DUDA, Dundalk, Maryland 21222 1966 VR A15 (4) 15M 4-64



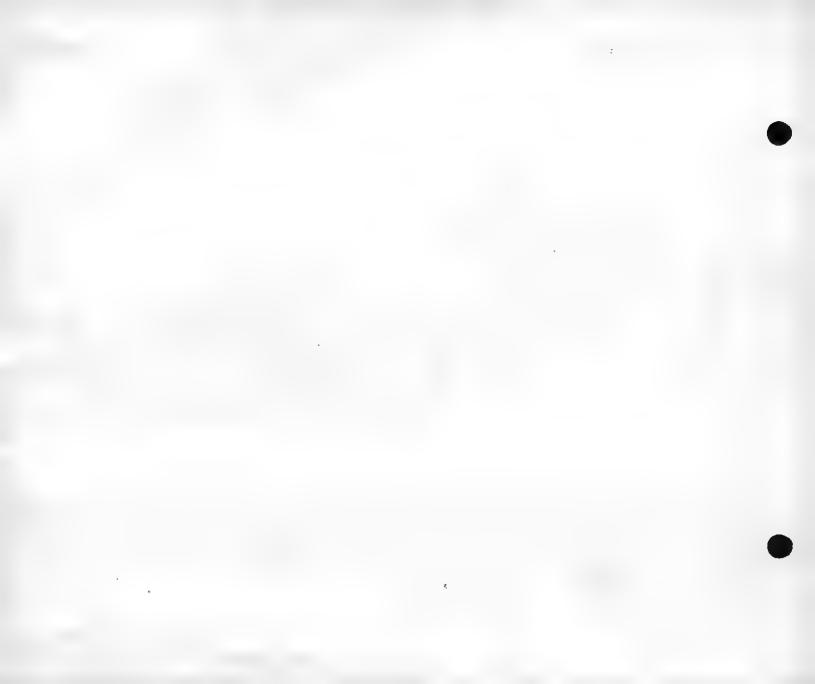
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09617 certificate be executed within 24 hours after death. by the funeral Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b.** COUNTY Baltimore Maryland Raltimore MARYLAND hours afte City OR TOWN (If outside corporate imits, write RuRAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex, Maryland 20 days Catonsville papers. d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) physician and completely filled in event, within 72 315 Miles Road NO [SPRING GROVE STATE HOSPITAL YES 🗔 3. NAME OF First Middle Lost DATE Month Day Year please remave carban OF DEATH DECEASED E. Shiflett July 26 Percy 66 19 IF UNDER 24 HRS AGE (In years F UNDER YEAR S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday Months Davs Haurs white July 3, 1934 male-DIVORCED and in ony WIDOWED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME cremation, or remayal, Percy Shiflett Ruth Wescott 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [[If yes give wor or dates of service] 16 SOCIAL SECURITY NO. 17 INFORMANT Address permit. Records: SPRING STATE HOSPITAL GROVE unknown unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (a) 4201 DUF TO signed 1 Coronary insufficiency Canditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause the haspital ar attending the T this certificate has been last. WAS AUTOPS PERFORMED? ES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health YES ā 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 18.) detached for the Dept. af F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur a.m factory, street, affice bldg, etc.) Not While at work ot work 55, to July 2). I certify that \$1) (this haspital) attended the deceased fram July 6 1966, that (X) (we) last be retained should July 26 19 66, and that death accurred at M, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive and 220 SIGNATURE 22b. DATE SIGNED MED. 7-27-66 director, page 3 should be filed v M.D DIRECTOR 22d ADDRESS SPRING GROVE STATE HOSPITAL PHYSICIAN'S NAME (Type) Anthony J. Young, M.D. Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) BUR AL, CREMATION, REMOVAL (Specify)
Burial 7-30-66 New Cathederal FUNERAL DIRECTOR/ REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09618 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPTAT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY Maryland 5 COUNTY Poge 3 to 70 Baltimore Raltimore MARYLAND b CITY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 15 c CITY OR TOWN (f autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Years Dundalk Dundalk d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? hours 1723 Manor Road 1723 Manor Road in Item 18. Give Poges YES NO SE This certificate should be executed within 24 hours ofter death 3 NAME OF First Middle 4 DATE Manth Day Year within 72 DECEASED Frances Slawski 1966 (Type or print) July DEATH S SEX AGE (In years F UNDER I YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH ast birthday) Months Days Hours Female White March 29, 1919 WIDOWED DIVORCED event 10a USUA, OCCUPAT ON (Give kind of work done JOB KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working life, even if retired)
Housewife NDHSTRY COUNTRY? to the Chief Medical Examiners West Virginia U. S. A pencili 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry H. Lucas Bessie M. Reed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 1723 Manor Rd. (Yes, no, ar Joknawn) (If yes give war ar dates of service 235-18-8479 Arthur L. Slawski No Dundalk. Md. remov 18. CAUSE OF DEATH (Enter only one cause per line (of (a), (b), and (c) PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN 5 IMMEDIATE CAUSE (a) writing the word cremation, DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause used os burial, a PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEACH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(d) 19 WAS AUTOPSY PERFORMED? NO 20g EXTERNAL CALLSE WAS 20b DESCRIBE HOW MUURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) designoted ogent, prior pluous PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJRY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, form, (City or town) (County) (State) Hour om. factory, street, office bldg , etc.) moy be retained for your FUNERAL DIRECTOR: Page at wark at work 21. I certify that I taak charge of the remains described above, held an Autapsy P. Inspection . Inquiry , and in my apinian death resulted from Natural causes Accident . Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ACC. SIGNATURE 7/6/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 1 10 FUNER Health o Melvin B. Davis 6800 Mornington Rd. Bundalk wy. Mdn. or county) 23o BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) July 8, 1966 Baltimore National Catonsville Balto. Md. 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR ATSME (写 John J. Duda 7922 Wise Ave. Dundalk, Md. 2122211 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09619 law requires that the death certificate be executed within 24 hours after death by the funeral Pages/1 and 2 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE MARYLAND e. ve carban papers. Pages, event, within 72 hours at b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town B IS RESIDENCE ON A FARM? filled in f d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) YES NO NAME OF Middle 4. DATE Month Year remove carban First Lost Doy completely DECEASED 0F -196 (Type or print) DEATH IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED burthdoy) Months Dovs Hours egind in any WIDOWED DIVORCED 10b, KIND OF BUSINESS OR IT. BIRTHPLACE (County & Stote, or foreign Country) 12 CITIZEN OF WHAT 10a USLAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME crematian, or remavar 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMÁNI (Yes, no, or unknown) ((If yes give wor or dotes of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) } signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Thrombosis, Left IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if any, which gove Generalized Arteriosclerosis unknown rise to immediate cause (a), DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the priar to has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health g NO this certificate А 호 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of mury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not While ot work Affer the deceased fram <u>April</u>, 19<u>64</u>, to <u>July</u>, 19<u>66</u>, that (1) (**W3**) las 19<u>66</u>, and that death accurred at <u>11P</u> M, fram causes and an the date stated above 21. I certify that (1) (this know that attended the deceased fram_ saw the deceased alive on July 26 O FUNERAL DIRECTOR: 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS 7/27/66 M.D DIRECTOR PHYS director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S Mallow Hill Ave. Gaver. M.D. NAME (Type Baltimore. Md. BUR AL, CREMATION 23b DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 REMOVAL (Specify) 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CDUNTY b. COUNTY been signed by the attending physician and completely filled in by the fi the burial-transit permit. Then pleased nemove carbon papers. Pages 1 or to burial, cremation, or removal, and in any event, within 72 hours after Baltimore Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21204 Towson TO THE WAY A STOLEN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Dunyale Rd. St. Joseph Hospital 29 YES ND executed within 3. NAME OF Last DATE Mon th Day Middle DECEASED 19 66 Albert C. Smith DEATH July (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH birthday) Months | Days January 21.1882 White Male WIDOWED J DIVORCED ! 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. ducing most of working life, even if retired)
Insurance Agent INDUSTRY J. Hancock Insc. Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Smith Anna A. Lamley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, emunkown) (If yes give war or dates of service) 220-30-5509 Mrs. Helen A. Smith Same INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure secondary to arteriosclerotic cardiovascular disease. DUE TO Cerebral artery thrombosis, left. Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept, of Health prior CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES TX NO T 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 66 to 19 66 that (I) (we) last J 101 21. I certify that (I) (this hospital) attended the deceased from 66 P. M. from the causes and on the date stated above. saw the deceased alive on. July 1. and that death occurred at 1 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. July 1, 1966 ADDRESS 22c. PHYSICIAN'S NAME (Type) Singzon 7620 York Rd., Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY **BURIAL, CREMATION,** 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) PEMOVAL (Specify) Woodla wn Cemetery 7-4-1966 Baltimore County. Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS ng & Sons Co. York Road Balto. Md. 21212 VR A15 (4) 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove techan papers. Pages I mid 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any eyent, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

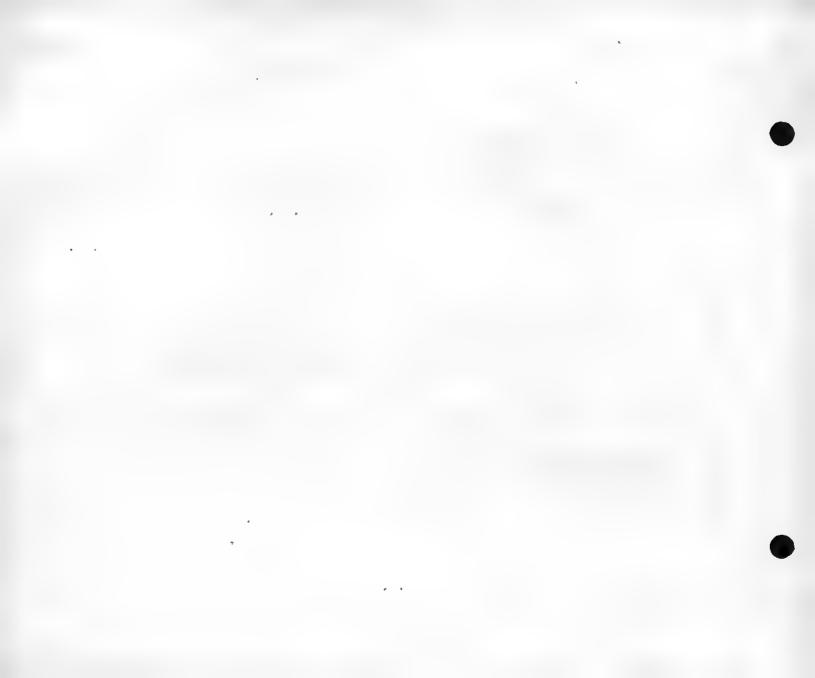
MARYLAND STATE DEPARTMENT OF HEALTH

A CTATICTICAL DECEADOU AND DECODOS 201 W DESCION CIDEET DAITIMODE MADVIAND 21201

	0962:			CERTIFIC	ATE	OF DEATH				(19621
	PLACE OF DEATH o. COUNTY	Baltimore		MARYLAI	ND	2. USUAL RESIDENCE (V	Where dec		stitution: F COUNTY	Residence bel	fore odmiss on)
		(If outside corporate limit and give nearest town)	5,	c LENGTH OF STAY IN	b	c CITY OR TOWN (IF ou	itside corp	orate fimits, writ	e RURAL o	nd give neol	rest town)
_	Catons	ville		2mth3dys		Baltimore d STREET ADDRESS				27	e IS RESIDENCE
		GROVE STATE					rth I	loudon A	lvenu	le	ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)		bel	Middle Lee		Smith	4 DAT		Month Ju Ly	21	oy Year 19 66
	SEX Cemale	6 COLOR OR RACE Negro	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		Sept. 5, 1	894	9 AGE (In year	rs Fl Ny) Mo	UNDER 1 YEAR	
10c dut	USUAL OCCUPATION of work of MOUSE	ON (Give kind of work done in Ufer even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County Maryla	nd	r foreign country)		12 CHIZEN COUNTRY	4.5
13.	. FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME				
L	unkno					unknyan					
		VER IN U.S. ARMED FORCES?) [(If yes give wor or dotes on n	of service)	social security no.		nformant ecords: SP	RING	GROVE	Address STA	TE HO	DSPT TAL
	18. CAUSE OF PART I. DI	DEATH (Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE	The	(o), (b), ond (c).) eumonia							NTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse (b) DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO										
	lost.	derlying couse	(c)								
ATION	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COI	NDITION G	IVEN IN PART I(0)]	9. WAS AUTOPSY PERFORMED? YES NO
CERTIF CATION	OR CONTRIBUTION	VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJURY OCCU	IRRED	Enter noture of injury in	Port I or I	Part II of item 10	β.)		
MEDICAL	Hour	UURY Month, Day, Year o.m. p.m. 19	20d II While at war	Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or tow	rn)	(County)	(Stote)
	21. I cer	tify that (1) (this has deceased alive on_	pital) atten	ded the deceased fro	am d that	May 17	9166	, ta <u>July</u> M, from cau	r 21 ises and		that (t) (we) last
	22o. SIGNATUR		10	clister	1.M	ATTENDING	MED. DIRECTOR	STAFF PHYS,		226. DATE SI 7-21-0	
	22c. PHYSICIAI NAME (Ty		Wachs	ler, M.D.			PRINC altin	GROVE			DSPITAL 228
23	o. BURIAL, CREMA REMOVAL (Spec	TION, 23b DATE TH	ereof	23c. NAME OF CEMETER Mt Cal	RY OR	remajory enetry			ounty		,, , ,
2	4. FUNERAL DIREC		N Nor	ADDRESS th Ave		250 REC'I	11 0	STRAR 1986	b. REGISTS	RAR'S SIGNAT	Judge

VR A15 (4) 20 M 1/66

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral Land 2 r death. hours after death. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission), BAITO omerset MARYLAND and complately filled in by the emove carbon papers. Pages any event, within 72 hours aft. b. CITY DR TDWN (if outside corporate limits. C. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) weeks Rural, Paltimore Crisfield d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE 01 d State 24 DN A FARM? NO 🔼 YES The law requires that the death certificate be executed within NAME OF Middle Last 4. DATE Month Day Year DECEASED DF DEATH (Type or print) DOMERS LEE 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS 7. MARRIED, 7 NEVER MARRIED last birthday) Months Days Hours WIDOWED 10-18-2 DIVORCED [44 = 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) physician an please reserved 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY CDUNTRY? Seafood Sales USA Ct -13. FATHER'S NAME 14. MOTHER'S MAIDEN transit permit. Then, cremation, of semen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) 17-16-9153 NOT KNDWA CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crems DNSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LYMPHO SARCONA PHYSICIAN: The law requires that the hospital or attending physician. 4 YRS. DUE TO Cenditions, if any, which (b) gave rise to Immediate DUE TD cause (a), stating the prior underlying cause last. 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY certificate h thed for use of Health p PERFORMED? YES -ND [20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) the detached for State Dept. of B DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While retained by n.m. at work at work DIRECTOR: A age 3 should lied with the D 21. I certify that (I) (this hospital) attended the deceased from JUNE 30 . 1966 to 7044 31, 1966, that (1) (we) last .19. 66. and that death occurred at 3.53 AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED Page 4 may be 1 page ATTENDING DIRECTOR FUNERAL director, p PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) American Legion Cemetery Crisfield. Md. 1966 Buria 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 196€ Bra shaw & Sons, Crisfield. AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Marvland Baltimore MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 3 Owings Mills 2 years Middle River .⊑ filled ir papers. in 72 hd d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? we carbon pap event, within 7 Rosewood State Hospital Victoria Street YES T NO 3 within completely NAME OF Middle Last DATE Manth Пач Year DECEASEO OF (Type or print) Jonathan SPARKS DEATH 1966 James executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH HE UNDER 1 YEAR HE UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove AGE (In years last birthday) Months Male White Days Hours and WIDOWED T DIVORCED 10-17-61 .⊑ 10a. USUAL OCCUPATION (Give kind of work done ! 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and in certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Dependent Baltimore, Maryland U.S.A. none removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME the aftending p Harold Kaye Sparks Dianna Sue Roark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 10 (Yes, no, or unkown) (If yes give war or dates of service) cremation, none Rosewood Records. Owings Mills. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crema The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PARTLI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY for use Health PERFORMED? certificate the hospital or YES X NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cer. PHYSICIANS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After ATTENDING þe p.m. at work at work b 21. I certify that (this hospital) attended the deceased from. 19.64 to. DIRECTOR: age 3 should led with the 66. and that death occurred at 3:30 Mairon, the causes and on the date stated above. saw the degeased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Пау <u>B</u>≡ FUNERAL HOSPITAL DAYS CLAN'S ADDRESS director, p NAME (Type) Harry Butler, M.D. G. Rosewood State Hospital, Owings 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) Burial 766 Rosewood Cemeterv Owings Mills, Md. REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I Reisterstown. Md. J. F. Eline & Sons VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after by the BALT CA MARYLAND. TOWN (If outside corporate limits, write RURAL and give nyares) town) b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY write RURAL and give nearest town von papers. Pag within 72 hours hours filled in TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 303 E BELLIEDERE HUF YES -NO V completely executed within carbon B. NAME OF Month DATE Day Year DECEASED 4 RAG EICHER DEATH 66. (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE remove NEVER MARRIED last birthday) Months I Days Hours 1 any and, MIDOWED DIVORCED ,= 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTAPLACE (County & State, or foreign country) | 12, CITIZEN OF WHAT attending physician rmit. Then please during most of working life, even if retired INDUSTRY COUNTRY? and death certificate to U.SA remoyal. 3. FATHER'S NA mma nageu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? en signed by the attend burial-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Same CAUSE OF OEATH | Enter only one cause per line for (a). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **IO HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) certificate has been gave rise to immediate the l DUE TO cause (a), stating the as th underlying cause last, (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING F After this certified be detached for extate Dept. of F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work FUNERAL DIRECTOR: Af director, page 3 should be should be filed with the S U 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last 19.04 and that death occurred at 7,45M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING M.D PHYS. DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) CHOW G ane ate BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Surial 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Balto. And. VR A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2 and 2 death. 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Balto. MARYLAND TOWN (If outside corporate limits, write RURAL) and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR C. LENGTH OF STAY IN 1h à hou owson Œ. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? within NO 7 YES completely i be executed within NAME OF Élret Middle Month Year DECEASED 31 (Type or print) NIARtha Spiess DEATH 19 66 AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS last birthday) Months | Davs | Hours | Min 5. SEX 6. COLOR OR RACE remove any eve DATE OF BIRTH 7. MARRIED NEVER MARRIED Days Female WIDOWED DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done) Hysician -12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR C 11. BIRTHPLACE (County & State, or foreign country) lease and in during most of working life, even if retired) INDUSTRY/ COUNTRY? lerk-FREderic O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. XXXXXXXX USA 13. FATHER'S NAME MOTHER'S MAIDEN NAM The H remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address **DIRECTOR:** After this certificate has been signed by the attenge 3 should be detached for use as the burial-transit permit. led with the State Dept. of Health prior to burial, cremation, or a (Yes. no, or unkown) (If yes give war or dates of service) 21.6 140950 CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] 1-18. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNGS METASTATIC DUE TO CARCINOMA BREAST 4 MONTHS OF Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While p.m. at work 21. I certify that (I) (this hospital) attended the deceased from MAY # 11 . 1966 to JULY 31 , 1966 that (1) (we) last JULY 30 1966, and that death occurred at 1-30 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed v MED. STAFF PHYS. M.D. PHYSICIAN'S 22C. ADDRESS 22d. INTERN, GREATEP BALTIMORE MEDICAL CENTER BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Woodlawn emeteru timore, burral 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ruck Inc Baltimore. A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH tand 2 ter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE BALTIMORE MARYLAND MARYLAND CIT CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b papers. Pag þ OWEEKS BALTIMORE JOW SO NOT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled GREATER BALTIMORE carbon pap MENICAL CENTRE JOHN STREET NO K 0 YES 7 The law requires that the death certificate be executed within completely 3. NAME OF Day Middle Last DATE Month DECEASED event. (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. CDLOR DR RACE DATE OF BIRTH 9. remove 7. MARRIEO NEVER MARRIED last birthday) | Months | Days Hours апу and WIDOWED Z DIVORCED lease re 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | C INBUSTRY F CITE 11. BIRTHPLACE (County & State, or foreign country) physician and please r COUNTRY? ANALV DEP 13. FATHER'S NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT (Yes, no, or unknwn) | (If yes give war or dates of service) YOUNG 1305 I-transit peri INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician, signed I क **DUE TO** Cenditions. If any, which (b) gave rise to immediate 計さ DUE TO cause (a), stating the 5 underlying cause last, has price (c) CERTIFICATION 19. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) PERFORMED? ND YES [2DA. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 1966 to JULY18 21. I certify that (I) (this hospital) attended the deceased from JULY 5 1966. that (I) (we) last DIRECTOR: .19.66, and that death occurred at 7.30 AM, from the causes and on the date stated above. saw the deceased alive on JULY 18 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) 1170 6 (State) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 1966 CAL VERT STRIBAR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH b. COUNTY Baltimore a. STATE o. COUNTY Baltimore Barvland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits Overlea (Rual) 77rs d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? completely filled in 521 Elmwood Road #6 521 El murood Road YES NO 4 DATE 3 NAME OF Muddle Last Manth Day Year DECEASED Katherine Staehlin 1966 19 DEATH event (Type or print) IF LINDER 1 YEAR B DATE OF BIRTH 9. AGE (In years S SFX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remeve last birthday) Manths Davs Haurs 7-30-1900 remale White DIVORCED WIDOWED and in ohy 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) TOg USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) Saleslady S.A. Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, cremation, or removal, Emil H. Staehlin Rosina B. Dederer WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give war or dotes of service Mrs William H. Scheffler 521 Elmwood Road 215-01-2008 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause the State Dept. of Health prior to 19. WAS AUTOPS!
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

IF UNDER 24 HRS NO J (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg, etc.) Haur o.m. Not While at work of work 1966, that (1) (we) las 21. I certify that (1) (this hospital) attended the deceased fram_ 1965, ta 1966, and that death accurred at 3:30AM, from causes and on the date stated above

O FUNERAL 20 M 1/66

director, page 3 should should be filed with the 23o BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR

224. PHYSICIAN'S NAME (Type) W/LL

22a. SIGNATURE

saw the deceased alive an,

23b. DATE THEREOF 7-22-1)66

Dome 74 CL Bellain

23c. NAME OF CEMETERY OR CREMATORY Luthern Cemetery Immanuel

ON

M.D.

22d. ADDRESS

DIRECTOR 23d LOCATION (City or Town)

PHYS

Baltimore.

(County)

22b. DATE SIGNED

256. REGISTRAR'S SIGNATURE

.id.

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09630 CERTIFICATE OF DEATH by the funeral Poges 1 and 2 tours after death, executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b COUNTY Baltimore Baltimore and completely filled in by the fun remove corbon papers. Pages 1 in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson Maryland 21204 Towson 2 Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 606 Piccadelly Road NO X Towson Conv. Home 3 NAME OF Middle Lost 4 DATE First DECEASED July 14. (Type or print) Helen Stapleton DEATH 1966 Coulter IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH IF UNDER I YEAR 7 MARRIED NEVER MARRIED tog pirthdoy) April 10, 1887 WIDOWED DIVORCED Female Cauc. 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT U COUNTRY? **INDUSTRY** Balto. County School Teacher Maryland requims that the death certifical 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physical buriol-transit permit. Then pludingly buriol, cremation, or removol, attending phys Florence Ridgeley Alexander Coulter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) [(If yes give war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Edward G. Stapleton 606 Piccadelly Rd 214-38-0507A 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO displace Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO I this certificate 20° ACC DENT WAS UNDERLYING
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CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 1B.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (State) Not While foctory, street, office bldg , etc.) of work L TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the 22o SIGNATURE 22b DATE SIGNED ATTENDING MD. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 200 W. Penn. Ave. Towson Md Joseph A. Sedlack 230 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BUREMOVAL (Specify) Baltimore Md. 7-16-1966 Parkwood Parkville 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sp. REC'D BY REGISTRAR Wm.-Cook-Brooks Towson, Towson Md. 20 M 1/66

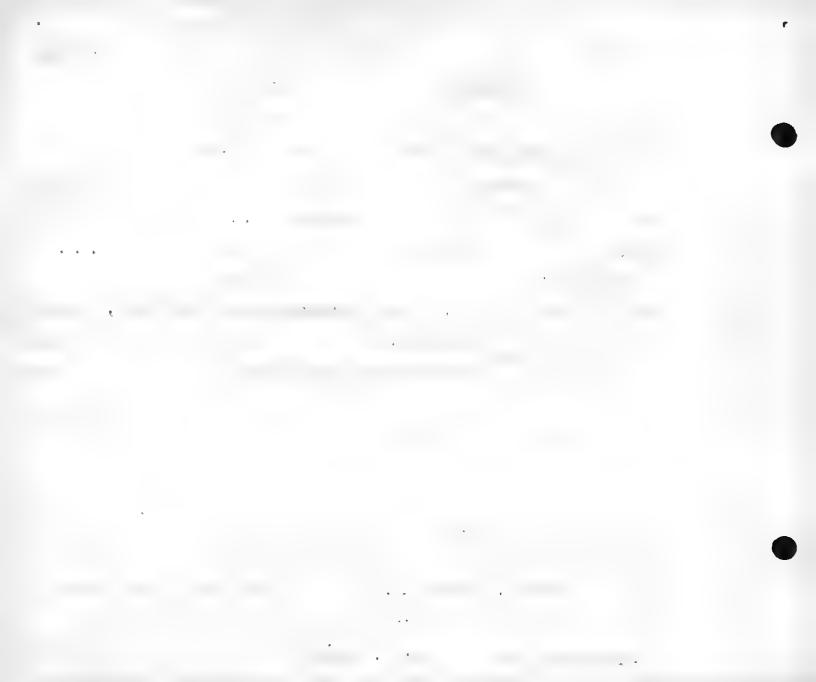


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	cert	Te Te	15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IC MOSI FOR ADDITION - Address NEST	0
	The law requires that the death certificate or attending physician.	e arre	(Yes, no, or unknown) (If yes give war or dates of service) 218-09-68967AUG-ATTER MRS FREDA BLIZZARS	NASTEK
		Sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: Q.CO.L. AND TO CO.C. CO.C. ON.	ERVAL BETWEEN SET AND DEATH
	cian.	tran cre	IMMEDIATE CAUSE (a) Brain Metastases	
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	HYS he h	trilis letac Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.) While at work at work.	(State)
	by t	ter State	Hour a.m. While Not While at work factory, street, office bidg., etc.)	
	NDI	the S	21. I certify that (I) (this hospital) attended the deceased from 9/21, 1966, to 7/14, 1966, t	hat (I) (we) last
	ATTE etai	Ses in the second	saw the deceased alive on 7/14 1966, and that death occurred at 8,30PM, from the causes and on the da	
	be	¥ 3 €	222. SIGNATURE L. ROQUE ATTENDING MED. STAFF 22b. DATE SI	11//
	TAL	e figure	22c. PHYSICIAN'S 22d. ADDRESS	4/66
	OSPI e 4	director, page 3 should should be filed with the	NAME (Type) JUAN L. ROGUE. GREATER BALTO MED CENTER	
	P 28 2	in S	23a. PURIAL REMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
		- 3	24. AUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR'S SIG	MATURE
	VR #I	5 (4)		INTO WILL
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 23b 09632 ŎF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) by the funeral o. COUNTY b. COUNTY o. STATE RAITIMORE MARYLAND b CITY OR TOWN (If outside corporate rimits c. LENGTH OF STAY IN 1b. CITY OR TOWN (If outside corporate firmts, write RURAL and give nearest town) write RJRAL and give negrest tawn) lease remove corban papers. Pag and in any event, within 72 hours BALTIMORE 6 DAYS FORT HOMARD e IS RESIDENCE ON A FARM? completely filled in d NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2230 EUTAW PLACE ATMINISTRATION HOSPITAL YES NO 🛣 3. NAME OF Middle DATE Month Year Doy DECEASED 0F 19 66 STEWART JULY 24 SAMUEL (Type or print) DEATH S SEX 6. COLOR DR RACE 8 DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 1895 DIVORCED NEGRO 1Do SCAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY WINSTON, NORTH CAROLINA TABORER CONSTRUCTION 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal. AL STEWART JANE FERGUSON IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT VA Hospatal 16 SDCIAL SECURITY NO (Yes no or unknown) (If yes give war or dotes of service) Fort Howard, Maryland 197 09 00 91 Clinical Records CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY LIVER FAILURE IMMEDIATE CAUSE (o) PURC ARTERIOSCIEROTIC HEART DISEASE Conditions if any, which gove unknown rise to immediate couse (a), DUE TO os the prior to stoting the underlying couse has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? be detached for use State Dept. of Health Acute Appendicitis with Perforation NO K TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ur 4 moy be retoined by the hospitol or 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port 11 of Item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De PLACE DE INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg , etc.) 19 of work , 19 66 , ta July 24 , 19 66 , that (/) (we) last 21. I certify that () (this haspital) attended the deceased from Inly 18 director, page 3 should should be filed with the 19 66, and that death accurred at 3504 M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D DIRECTOR PHYS. PHYS. 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) ATTITUO VA HOSPITAL, FORT HOWARD, MARYLAND 23b. DATE THEREOF 23c NAME OF CEMETERY OR (REMATOR) 23d. LOCAT ON (City or Town 230. BURIAL, CREMATION (County) (Stote) BURTAT (Specify) 7-28-1966 BALTIMORE NATIONAL BALITIMORE MARYLAND 1727 N. Menreson RECD BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Balte. Maryland 20 M 1/66 Phillips Funeral Neme

MARYLAND STATE DEPARTMENT OF HEALTH



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			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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3	rem High Certific		Aaron Stocks, Jr. Thelma Mae Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY Address	
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(h)	death death permil	-	no none Rosewood Records, Owings Mills, Maryland	
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30	E SE		saw the deceased alive on 1966, and that death occurred at 9:25% from the causes and on the date stated about	
	R A e re REC 33		22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 725-66	
	TAL 0 may b AL DI page e filec		M.D. PHYS. DIRECTOR PHYS.	
	SPITA 4 m HERA tor, 1	3	22c. PHYSICIAN'S NAME (Type) Zsolt Koppanyi, M.D. 22d. ADDRESS Rosewood State Hosp., Owings Mills, Me	d
	Page 4 director, should b	-	23a, BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. GOCATION (City, town or county) (State)	-
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF OEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND CITY On TOWN (if outside corporate limits, write HURAL and give nearest town) OR TOWN of outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 0. NO X YES pou 3. NAME OF DATE Day Middie Month Year DECEASEO (Type or print) DEATH 1966 ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX COLORYOR remove **NEVER MARRIED** last birthdayl Months Hours any 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT Ξ THPLACE (County & State, or foreign country) 10b. KINO OF BUSINESS OR been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and in PHYSICIAN: The law requires that the death certificate be during flost of working life, even if retired) NOUSTRY Altace FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN Address (Yes me or unknwn) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 83 CERTIFICATION WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? certificate NO A the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) I be detached for State Dept. of I MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After OR ATTENDING be retained by p.m. at work at work 0 21. I certify that (I) (this hospital) attended the deceased from 6 saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. filed ATTENDING PHYS. MEO. DIRECTOR STAFF PHYS. M.D. O HOSPITAL O FUNERAL PHYSICIAN'S 22d. ADORESS director, p should be 1 NAME (Type) (State) BURIAL, CREMATION, 23b. OF CEMETERY OR CREMATORY COCATION (City, town or county) REMOVAL (Specify) was 25b. FUNERAL BIRECTOR 25a. VR A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o STATE Maryland ö Baltimore deorf MARYLAND portment b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b and after LDAY Baltimore Baltimore d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? hours 1845 North Gay Street 4418 Kenwood Avenue YES NO IX Item 18 Give Poges 3. NAME OF Midde Lost 4. DATE Month Doy Year DECEASED 29 19 66 PAUT. ALOYSIUS SULLIVAN (Type or pnnt) DEATH 5 SEX 6 COLOR OR RACE 8 DATE OF BRITH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED 64 lost bythdoy) Months Hours April 24 1902 WIDOWED DIVORCED TO Male White 100 USUAL OCCUPATION (Give kind of work done 11 B RTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) COUNTRY INDUSTRY Jewel Ξ VAD Tea Co Baltimore, Md d 'pending" in pencil in Chief Medical Examiner's poges in any pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Geroge Sullivan Nora Healy and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT Address (Yes, no, quunknown) (If yes give wor or dates of service) or removal. 356 01 3256 Juanita Sullivan 4418 Kenwood Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH Bronchopneumonia IAMMEDIATE CAUSE (o) s used as a buriol-trans burial, cremation, o e, writing the word forworded to the Ch DHE TO Conditions, if ony, which gove ase to immediate couse (a), DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate Fatty liver Par YES X NO F designoted ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While at work Partial 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection Inquiry [and in my opinion Natural causes X death resulted fram: Accident Suicide Homicide Undetermined monner CHIEF MED CAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE 10 DEPUTY MEDICAL EXAMINER 7-29-66 **EXAMINER'S** WERNER U. SPITZ', M.D. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 0 Aug 1 1966 Gardens of Faith Cemetery Trumps Mill Road Balto Md ADDRESS 24 FUNERAL DIRECTOR REGISTRARS SIGNATURE

The Rippel Brothers Inc. 7110 Belsir Road

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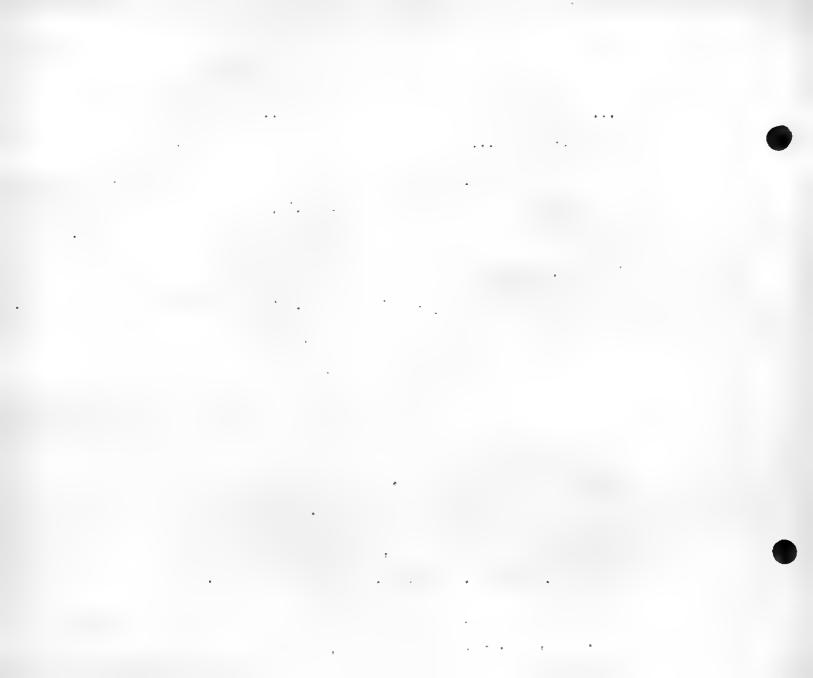
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Pages 1 urs after Baltimore the f MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page rural...Baltimore rural...Baltimore .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4420 Glenmore Ave., 4420 Glenmore Ave. 6 within NO DO YES leath certificate be executed within etely 3. NAME OF DATE Middle 4. Month Year DECEASED OF (Type or print) DEATH July 2 19 66 Wilfred J. Sullivan 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. in my ev DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days white WIDOWED DIVORCED [male 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR sician lease r and in. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY retired: SA/FC Rome, Georgia ᆲ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova William H. Sullivan Rose Carr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. (Yes, no, or unkown) ! (If yes give war or dates of service) Adam J. Roesler 4420 Glenmore Ave. Balto. 6 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN law requires that me been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate as the prior to (a), stating the DUE TO underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate hospital or NO DO YES [OR ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING (DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) detached f OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work DIRECTOR: At age 3 should lied with the S 1964 retained 0 21. I certify that (I) (this hospital) attended the deceased from 19. 19 6 and that death occurred at 12 PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. / DATE SIGNED filed MED. DIRECTOR **ATTENDING** STAFF PHYS. Pa O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Dr. Ernest C. Brown. 550 N. Broadway, Baltimore BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City, town or county) (State REMOVAL (Specify) Holv Redeemer (burial Baltimore 25a. REC'D BY REGISTRAR | 25b. JUL 28 1946 FUNERAL DIRECTOR Leenard J. Ruck, Inc. - 5305 Harford Road, 14 Leavely VR A15 (4) 20M 1/65



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				DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OGGS7
	death.		1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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	rysti e ho his t tach Dept			2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
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	ed being a state of the state o		2	21. I certify that (I) (this hospital) attended the deceased from 7/15 1966 to 7/1966 that (I) (Ne) last
	th th			saw the deceased alive on 7 / 19 66, and that death occurred at 2.160 M, from the causes and on the date stated above.
	REC BEC			22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF
	At o	,		22c. PHYSICIAN'S ATTENDING MED. STAFF 7/19/66.
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death age 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attericetor, page 3 should be detached for use as the burial-transit permit hould be filed with the State Dept. of Health prior to burial, cremation, or	- 1		NAME (Type) MARY ACHIMOVICH GREATER BALTIMORE MED. CENTRE
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours are Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	0	23a	REMOVAL (Specify)
	F F	K	24	Burial 7/23/66 Holy Redeemer Cem. Baltimore, Md. FUNERAL DIRECTOR ADDRESS 125a. REGISTRAR 125b. REGISTRAR'S SIGNATURE
	VR A[5 (4)	0	2*	Schimunek Funeral Home, Inc.
	2DM 1/65	1 4	-	3331 Brehms Lane DATE JUL 21 1990



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 urs after death hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY attending physician and completely filled in by the frmit. Then please remove carbon papers. Pages 1 n. or remove and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LUTHERVILLE MOGWO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 24 ON A FARM? JAMIE SON NO X executed within NAME DE 3. Middle Last DATE Month Year DECEASED 0F (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In Jears | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. 7. MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 71. S. A. HOUSEW ITE INdSOR 13. FATHER'S NAME MOTHER'S MAIDEN NAME LEXAWGA MOORE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) (If yes give war or dates of service) burial-transit pern burial, cremation, No this certificate has been signed by the letached for use as the burial-transit per Dept. of Health prior to burial, cremation 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH law requires that the PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI NO [YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached for State Dept. of F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office blog., etc.) Hour a.m. After While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work FUNERAL OIRECTOR: Af director, page 3 should should be filed with the S P 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 12 600M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) MED. CENTRE BALTIMORE MARY ACH IMOVICH GREATER BURIAL, CREMATION, 23b. DATE THEREDI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) -18-66 BURIA SHIPSAO PARK (Emeter) Md. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE · COOK-BROOKS TOWSON INC VR A15 (4) 20M 1/65



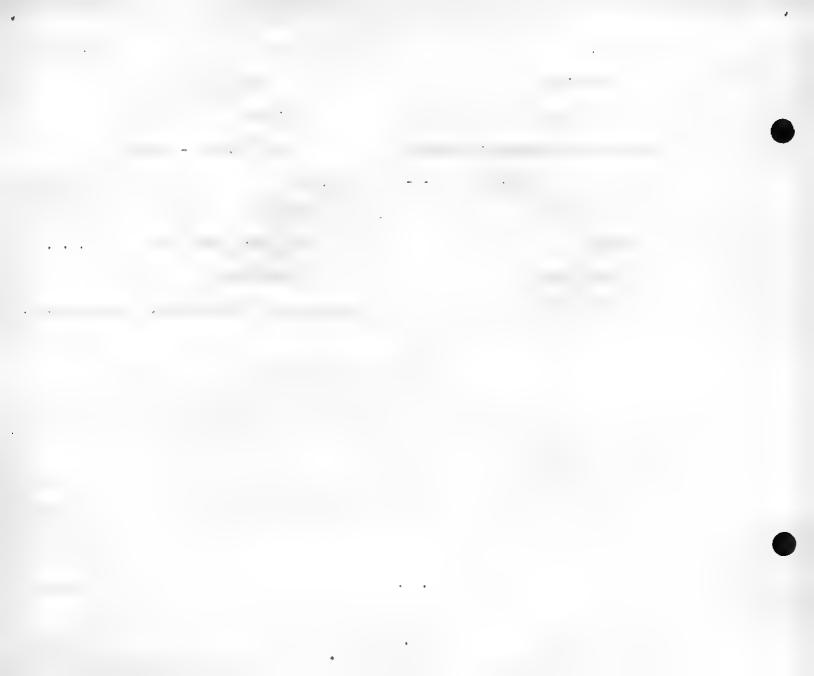
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b. COUNTY 75 death. MARYLAND Department CITY OR TDWN (If outside corporate c LENGTH OF STAY N 16 m ts, write RURAL and a ve nearest fawn) and 72 haurs after DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS d NAME OF HOSPITAL Office alang with farm DN A FARM? Item 18 Give Pages NO haurs after death 3 NAME OF Middle DATE Day Year DECEASED OF DEATH within (Type or print) S. SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE NEVER MARRIED B DATE OF BIRTH last by thiday) Months Days Hours DIVORCED WIDOWED event 10a USUAL OCCUPAT ON (Give kind of wark dane 10b KIND OF BUS NESS OR B RTHP_ACE (State or foreign country) 2 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? U.S.A. **INDUSTRY** __ Poland pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, na, ar unknown) If If yes give war ar dates of service) ar remayal 213-36-0683A Mrs. John F. Brown 6706 Everall Ave. #6 No CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) INTERVAL BETWEEN al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate shauld writing the ward crematian, DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause burial, a last. WAS AUTOPSY PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF SEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ND 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DCCURRED (Enternature of in any in Part 1 or Part 1 of Item 18) agent, priar PRIMARY □ or CONTRIBUTING □ EXAMINER: CAUSE OF DEATH. 20c. I.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) factory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page at work Inspection -21. I certify that I taok charge of the remains described above, held an Autopsy nguiry and n my apinion director. death resulted fram Natural couses Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial 7/11/66 Moreland Memorial Cemetery Baltimore Co, Md. 24. FUNERAL DIRECTOR VR A15ME (5) Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08640 CERTIFICATE OF DEATH lease remove corbon papers. Pages 1 and 2 and in ony event, within 72 hours after death The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY B b. COUNTY LAWARE MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, ELENGTH OF STAY IN 16 write RURAL and give nearest town) B LLS OR SOM d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled in YES 🖂 NO F rsician and commietely to blease remove carbon 3 NAME OF Middle Lost 4 DATE Month Dov Year Farst DECEASED OF DEATH 30 19 6 (Type or post) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last bijthday) Doys Hours WIDOWED DIVORCED puo 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired DRL 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME director, page 3 should be detoched for use os the burial-tronsit permit. The followid be filed with the State Dept. of Health prior to buriol, tremotion, or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no prunknown) (If yes give wor or dates of service) signed by the ottend burial-transit permit. 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN VASCULAR IMMEDIATE CAUSE (0) DUE TO WKS ARTERIOSCLERATIC CEREBRO VALLUSAR DISEASE Canditions if any, which gove nse to immediate cause (a), **DUE TO** stoting the underlying couse Page 4 may be retained by the haspital or ottending this certificate has been WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TY OR ATTENDING PHYSICIAN: 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While foctory, street, office bldg., etc.) While p.m. TO FUNERAL DIRECTOR: After 1966 to JULY 30, 196 , that (1) (we) last 21. I certify that (!) (this haspital) attended the deceased from July sow the deceased alive on Thuy 30 1966, and that death occurred at 2 A M, fram causes and on the date stoted obove. 22b. DATE SIGNED 220-SIGNATURE STAFF **ATTENDING** 8-1-66 M.D. DIRECTOR ADDRESS 22c PHYSICIAN'S NAME (Type) SBUR MONILMI BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6 HA 1966 REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR iarles VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09641 08641 Certificate be executed within 24 hours after death decti and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE **b** COUNTY Baltimere and in any event, within 72 hours afted MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) b. CITY OR TDWN (f outside corporate limits, write RURAL and give nearest tawn) ll days Baltimere filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital Vime Street - 21201 NO 🟋 YES 3 NAME OF 4 DATE physician and campletely fen please remave carban First Last Month Year DECEASED EDWARD July 26 66 THOMAS 19 Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. CDLOR OR RACE 7 MARRIED X NEVER MARRIED DATE OF BIRTH last birthday) Manths Days Haurs Male WIDOWED Negro 10a. USUAL DCCJPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at fareign country) 12 CITIZEN OF WHAT U.S.A. during most of working life, even if retired) Baltimore, Maryland Welder 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME cremation, ar remaval, William Thomas Mary Blake the attending passit permit. The 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Clinical Rods, VA Hespital, Fort Heward, Mi INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INANTITION IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave METASTASES TO LIVER, ABDOMINAL WALL, ABDOMEN rise ta immediate cause (o) DUE TO has been s ise as the t th priar ta b stoting the underlying couse Page 4 may be retained by the hospital ar attending last TUMOR OF STOMACH UNSPECIFIED TYPE 27 use as 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) INCISION INFECTION UNDETERMINED ORGANISM NO TO YES 🗔 this certificate 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INDIRY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) After at wark at wark directar, page 3 shauld be shauld be filed with the Stat 21. I certify that (1) (this haspital) attended the deceased from July 19 66 to July 26 19 66 that (IX (we) lost saw the deceased olive on July 26 19 66, and that death occurred at 2:15 M, from causes and on the date stated above. O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 7/27/66 DIRECTOR PHYS PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NEILON NEILSON, M. D. NAME (Type) VA HOSPITAL, FORT HOWARD, MARYLAND 23a BURSAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (State) REMOVAL (Specify) BALTIMORE, NATIONAL BALTTMORE. MARYLAND 24. FUNFRAL DIRECTOR 25a. REC'D BY REGISTRAR 638 APPRES Gilmour St 1966 VR A15 (4) Baltimore. Md. 20 M 1/iii



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CS642 CERTIFICATE OF DEATH 09642 deoth. requires that the death certificate be executed within 24 hours ofter death the ottending physician and completely filled in by the funeral isit permit. Then please remove corbon papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTANNE ARUNDEL a. COUNTY BALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 DAYS **GAMBRILLS** FORT HOWARD ve torbon papers. event, within 72 h a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? VETERANS ADMINISTRATION HOSPITAL P. O. BOX 3 NO 3 YES 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED 19 66 12 BRIVEST THOMAS JULY (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 8 DATE OF BRITE 9 AGE (n years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthday) Manths Hours Days APRIL 18. 1895 in ony WIDOWED DIVORCED MALE MISSING 10a LSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and ANNAPOLIS, MARYIAND U.S.A PAINTER CONSTRUCTION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal LAURA CLOUD JAMES HENRY THOMAS 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, ar unknawn) (If yes give war or dates af service) CLIN.RECORDS. VA HOSPITAL. FT HOWARD. MD. 09 07 signed by the offer buriol-transit perm buriol, cremotion, o INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) MONTHS PART I. DEATH WAS CAUSED BY. PULMONARY FAILURE IMMEDIATE CAUSE (a) attending physicion DUE TO YEARS Conditions, if any, which gave EMPHYSEMA rise to immediate cause (a). DUE TO stating the underlying couse the the has been last. ATTENDING PHYSICIAN: The low WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Dept. of Health COR PULMONALE NO O FUNERAL DIRECTOR: After this certificate fo 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. While Not While factory, street, office blda, etc.) Stote [at wark 21 I certify that (X (this haspital) attended the deceased fram. 6/29/66 _, 19____, that 🕸 (we) last Page 4 may be retained director, page 3 should should be filed with the 12/66 and that death accurred at 11:15AMam causes and an the date stated above. saw the deceased alive an 22b. DATE S.GNED 220 SIGNATURE ATTENDING MED OIRECTOR 7/13/66 M.D. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD, MARYLAND 23b OATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d LOCATION (City of Town) (County) (State) REMOVAL (Specify) July 15,1966 BALTIMORE NATIONAL BALTIMORE. MARYLAND 24. FUNERAL DIRECTOR GONCE FUNERAL HOME REC'D BY REGISTRAR George J. Gonce



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death deoth signed by the allending physician and completely filled in by the funeral burial-transit permit. Then please remove corbon papers. Poges 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Prince George's Baltimore Maryland MARYLAND b CITY OR TOWN (If autside corparate imits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) ve corbon papers. Pog event, within 72 hours 18 dys Hyattsville, Md. Catonáville d NAME OF HOSP TAL OR INSTITUTION (If not in haspita, give street address) d. STREET ADDRESS S RES DENCE ON A FARM? 8101 Greenleaf Road SPRING GROVE STATE HOSPITAL YES NO K Les Middie 3 NAME OF First 4. DATE Manth Year LOST Dov DECEASED OF XXX Robert Thomas July 9 19 66 (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** birthday) Months Days Haurs and in any white April 15, 1883 WIDOWED X male DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Penna 10a JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if ret red) COUNTRY? Maryland ADDONA Trackman Compan 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME orremevol. William Thomas Margaret E. Windsor 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) Records: STATE HOSPITAL SPRING GROVE unknown buriol, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Conditions, if ony, which gove (b) rise to immediate couse (a). r this certificate hos been si detached for use os the b te Dept, of Health prior to b DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION with the State Dept. of Health NO 20a ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) While Nat While OR ATTENDING at wark at wark 19 00 21. I certify that (A) (this hospital) attended the deceased fram... June 20 19.66, that (1) (we) last JUN4 4 should and that death occurred at 52-P M, fram causes and on the date stated above. 1960 saw the deceased alive on 220. SIGNATURE, 22b. DATE SIGNED director, page 3 should be filed v M D. DIRECTOR SPRING GROVE SYMPTOMICOSPINITA 22c PHYSICIAN S NAME (Type) don Baltimore, Maryland 21228 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 3/66 St. Thomas Cemetery Croom 24. FUNERAL DIRECTOR 2So. REC'D 25b. REGISTRAR'S SIGNATURE ! VR A15 (4) 20 M 1/66 Ritchie Bros. Upper Marlboro, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lead, if institution Residence before admission) **a** COUNTY a STATE b. COUNTY Page 0 Baltimore Maruland MARYLAND delay i Deportment b CTY OR TOWN (f outside corporate limits C. FNGTH OF STAY IN 16 c (ITY OR TOWN (If outside corparate in its write RURAL and a ve negrest town) pup write RURAL and give negrest town) Monkton lowson. d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office olong with form haars Farrettsville Josephs Hospital VES NO 🔽 hours offer death 3 NAME OF 4. DATE Middle 72 Year DECEASED (Type or print) and new dward illman DEATH withi S SEX 6. CO. OR OR RACE NEVER MARR ED. DATE OF BIRTH 9 AGE (In veors IF UNDER 24 HRS asy birthdoy) Months HOURS DIVORCED event 10a USHAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (State or toreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pages 1 in ony Maruland 5 pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within John Thomas Tillman Barbara Louise Snuder puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates af service removal, Family reports no none 18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c), PART I. DEATH WAS CAUSED BY crematian, or IMMEDIATE CAUSE (a) This certificate should writing the word DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE G stating the underlying couse 0 used os burial, c last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO its designated ogent, prior to 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter notice of njury in Port I or Port I of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) Hour o.m. Not While foctory, street, office bldg , etc.) moy be retained for yaur FUNERAL DIRECTOR: Poge ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [Inquiry and in my opinion death resulted from > Natural couses Acedent the funeral director. Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNE.
Health or it TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles F.O'Donnel Address (Street, city, town or county) BUR AL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) Monkton. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 1966 John Burns Sons Towson Charl 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, (after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Md. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Middle River c. LENGTH OF STAY IN 1b c, CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Life Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE 24 ON A FARM? Magnolia Avenue #20 Magnolia Avenue #20 YES [K] NO. executed within completely carbon 3. NAME OF Middle DATE Month DECEASED (Type or print) **Π FATH** 19 6. COLOR OR RACE 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years HE UNDER 1 YEAR HE UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours male White WIDOWED DIVORCED . 10a. USUAL OCCUPATION (Give kind of work done) S 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) COUNTRY? Baltimore Co. Md. Farmer J.S.A. employed he attending physic death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Zimmerer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 능 (Yes, no, or unkown) | (If yes give war or dates of service) 218-12-91/18 Irs Rose F. Tremper Marnolia avenue #20 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL HETWEEN ONSE AND DEATH PART I, DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a been street burial, burial, DUE TO Conditions, If any, which (b) gave rise to immediate DHF TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part () of Item 18.) tached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (County) (State) factory, street, office bldg., etc. Hour a.m. While Not While at work at work hould 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at a IM. from the causes and on the date stated above. 22a. SIGNATURE DATE De pe page ATTENDING M.D PHYS. DIRECTOR FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 0 REMOVAL (Specify) St. Joseph's Cemetery Baltimore Co. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Divisign of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09646 by the funeral .. Pages 1 and 2 haurs after death. requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY o. STATE MARYI, AND BALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 DAYS FORT HOWARD BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? VETERANS ADMINISTRATION HOSPITAL 2414 SHIRLEY AVENUE NO T YES | 3 NAME OF Middle Last 4 DATE Month Year DECEASED CHARLES **FIENRY** TYLER JULY 19 66 (Type or print) DEATH IF UNDER I YEAR S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** B. DATE OF BIRTH last birthday) Months Days Haurs 12-24-19 WIDOWED DIVORCED MALE NECRO 100 LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY TOOL ROOM KEEPER MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya Florence Mason LAWRENCE TYLER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dotes of service) 14 9943 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY. PNEUMONIA IMMEDIATE CAUSE (o). DUE TO Canditions, if ony, which gave rise to immediate cause (a), DUF TO stoting the underlying couse the IO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept. af Health HYPERTENSIVE VASCULAR DISEASE WITH CEREBROVASCULAR ACCIDENT NO YY 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a. ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 66, and that death accurred 30 66 to July 4 21. I certify that (A) (this hospital) ottended the deceased from June 16 1966, that 00 (we) lost sow the deceased alive on July 4. A. M. fram causes and an the date stated above. 22b DATE SIGNED 220. SIGNATURE ATTENDING 7/4/66 PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSTCIAN'S NAME (Type) E. KALMUTZ, M.D. SHELDON VA Hospital Fort Howard 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) THEMOVAL (Specify) Baltimore National Baltimore Marvland ADDRESS 7 N. Monroe St. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Phillips Funeral Home Balto. Md



1	MARYLAND STATE DEPARTMENT OF HEALTH OUTUSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CO.			
= = = =	C9647 CERTIFICATE OF DEATH			
after death. the funeral ges y and 2, after death.	1. PLACE OF DEATH 8. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 8. STATE MIRYLIP IND. D. COUNTY CITY			
hours afted in by the Is. Pages 2 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Mount Wilson c. LENGTH GF STAY IN 1b i3 A 2 TIMORE.			
fille age age	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Wilson State Hospital 730 Dover St o. IS RESIDENCE ON A FARM? YES NO			
rted within completely ve carbon event, with	3. NAME OF DECEASED (Type or print) JOSEPH ELLIS VAUCAT. DATE Month Day Year DECEASED (Type or print) JOSEPH ELLIS VAUCAT.			
and any any	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 14. 19.			
te be ysiciar ysiciar and î	10s. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GOUNTRY? 13. FATHER'S NAME			
certificate direction of the control	FRANK SMITH- MARY PIERCE: -			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 231-07.00339 Records, Mt. Wilson State Hospital			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: (b) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the UDE TO Underlying cause last. 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (a) PARTIL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTIL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDT YES NO 19. WAS AUTOPSY PERFORMEDT YES NO 10. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED HOUR s.m. 19. While at work will some from the date stated above. 21. I Certify that (i) (this hospital attended the deceased from led 1 S. 19. to late 1 J. 19. that (i) (we) last saw the deceased alive on late 1 S. 19. to late 2 J. 19. that (i) (we) last saw the deceased alive on late 3 J. 19. that (ii) (we) last saw the deceased alive on late 3 J. 19. The date occurred at 2 J. 19.			
VR AIS (4)	Frank of Marveld Milliani 128, Max DATAUG 9 1966 Generales Jusque			



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE-1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) a. COUNTY **b. COUNTY** baltimore MARVIAND b. CITY OR TOWN (if outside corporate lim'ts. c. LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dundalk Junjalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS YES NO W Center Center 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH Josephine Venabl**e** 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2 Villa last birthday) Months Hours DIVORCED T 10a. USLAL OCCUPATION (Give kind of work 1 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.1 17, INFORMANT (Yes, no, or unkown) i (Ifyes give werer detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil Office alor IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIF CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? O 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Jam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month Day, Year 1 20d. NJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, streat, offica bldg., etc.) While Not While al work at work Inspection x 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion forward, DIRECTO death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER be fo SIGNATURE isase execute should be for FUNERAL DEPUTY MEDICAL EXAMINER 105 Main Street C. Patterson, M.D. Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 1 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) REMOVAL (Spacify) b 0 75 -umberlang FUNERAL DIRECTOR 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE 5M 7/59

THE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09649 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, cremation, or remaval, and in any event, within 72 hours after death law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore Mar yland Baltimore MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN Th write RURAL and give nearest town) lyrllmth6dys Catonsville Catonsville d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 100 Hillside Road STATE HOSPITAL SPRING GROVE YES NO DATE NAME OF DECEASED 4 First Middle Last Manth Day Year OF Wachter July 66 19 (Type or print) DEATH 24 HRS. YEAR IF UNDER S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER las birthday) Manths Haurs Feb. 27, 1888 female white X WIDOWED DIVORCED 12 CIT ZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar fareign country) during mast of warking life even if retired)
housewife INDUSTRY Poland Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME u nknown unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service HOSPITAL Records: SPRING GROVE STATE no unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. 4 1 11 DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave (b) nse to immediate cause (a). **DUE TO** use as the lath prior tal stating the underlying cause Generalized arteriosclerosis this certificate has been last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? for use Health Malnutrition NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (Stote) 20c TIME OF INJURY Month, Day, Year (City or town) Haur a.m. factory, street, affice bldg , etc.) Not While ot wark O FUNERAL DIRECTOR: After JULY 21. I certify that ((this hospital) attended the deceased from 1966 , that (IXI we) last July 3 should I with the S 19.66, and that death occurred a M, fram causes and on the date stated above. saw the deceased alive on July 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. director, page shauld be filed 22d ADDRESS SPREING GROVE STATE 22c. PHYSICIAN'S Stella Wadsler, M.D. NAME (Type) Baltimore, Maryland 21228 BUR AL, CREMATION, DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deoth and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH and completely filled in by the funeral remove corbon papers. Pages 1 and b COUNTY BAT PIMORE o COUNTY o. STATE BALTIMORE MARYLAND MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 DAYS BALITIMORE FORT HOWARD bon papers. within 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENC ON A FARM? 3817 VICTORIA AVENUE YES NOX VETERANS ADMINISTRATION HOSPITAL 4. DATE 3 NAME OF Erst Lost Month Year DECEASED LOUIS JULY N. WAGNER 66 19 DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (n years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH birthdoy) Months Hours Dovs 1/18/20 MALE WHITTE WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) U.S.A. during most of working life, even if retired) INDUSTRY JEWELRY STORE GLENN FALLS, NEW YORK MANAGER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAST NETTTE MUM ISAAC WAGNER WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates of service) 53 10 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line fer (o), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 12811 Lecitura. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS UNDERLYING 20h, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MED.CAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED TIME OF INJURY Month, Dov. Year factory, street, affice bldg., etc.) Not While at work 17 1700 21. I certify that (X) (this hospital) attended the deceosed from. and that death occurred at 12:35 PM om couses and on the date stated above 166 saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE 7/5/66 director, puy E Ku M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND 23d LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVA. (Specify)
BURLAL ARLINGTON NATIONAL ARLINGTON, VIRGINIA 7/7/66 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 PHNERAL DIRECTOR layely VR A15 (4) 20 M 1/66 RETSTERSTOWN RD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.9850dear The law requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funeral I. PLACE OF DEATH a COUNTY a. STATE **b** COUNTY MARYLAND BALTIMORE RALTIMORE ban papers. Pages 1 within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write AURAL pare a represent town) HALETHORPE d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5720 OAKLAND ROAD 5720 OAKLAND ROAD 21227 21227 NO XX Middle 4 DATE 3. NAME OF First Last Month Day Year OF DECEASED LEONARD P. WALSH (ALSO WASH) JULY 17, 66 19 DEATH Type or print IF UNDER 1 YEAR and in any ever IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In vears & COLOR OR RACE 7 MARRIED NEVER MARRIED 60ast birthday) Manths Haurs MALE 11-6-1905 WHITE WIDOWED DIVORCED 12. CIT ZEN OF WHAT TO a USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during mass of working the syon if retired) WESTENCHOUSE NEW JERSEY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal. IGNAGY WASH AGNES URBAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. (Yes, no at unknawn) (If yes give war ar dates af service) 015-03-7111 MRS. EILEEN WALSH, 5720 OAKLAND ROAD 21227 burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician DHE TO Conditions, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause detached for use as the te Dept, of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X YES 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Not While 19 746. 1966, ta Oc. 1417, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. be filed with the July 14 19 6 6 and that death accurred at_ M, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. ADDRESS 1311 FRANCIS AVENUE PHYSICIAN S JOHN C. HEALY 21227 NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7-21-66 MARY'S CEMETERY NORTHAMPTON. MASSACHUSETTS 2Sq. REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229



	1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		COSS CERTIFICATE OF DEATH 09651
	hours after death. d in by the funeral rs. Pages 1 and 2 2 hours after death.	1. PLACE OF DEATH a. COUNTY Baltimere b. CITY OR YOWN (if outside corporate limits, write RURAL and give nearest town) App. 16 yrs
	n 24 ho y filled papers, hin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1205 Register Avenue
	executed within 24 h in and completely filled remove carbon papers in any event, within 72	3. NAME DF DECEASED (Type or print) MARY ANGELA WALSH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR Female White WIDOWED D DIVORCED May 16.1902 6 4 1902 6 1903 6 1
	execute n and co remove in any e	ALIGORIED DIRONGED D m- ALZ
	Aysicia Mysicia please	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even (fretired) and the lindustry and the lin
	ring properties of the components of the compone	James Gibbons Walsh Annie J. McMahon Address Address
	e atten	(Yes, no, or unknown) (If yes give war or dates of service) Mrs. Rose A. Walsh-1205 Register Ave
	ding physician. ding physician. been signed by the burial-transit r to burial, crema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Earcinose a foscis Generally Simon Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO DUE T
	= E O E '	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMEO? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSI the he this detacl	County C
•	OR ATTENION OF STATENION OF STATE OF ST	21. I certify that (I) (this hospital) attended the deceased from 1960, to Stall 24, 1966, that (I) (we) la saw the deceased alive on 222a. SIGNATURE 22a. SIGNATURE M.D. ATTENDING MED. STAFF 122b. DATE SIGNED 22c. PHYSICIAN'S 122c. ADDRESS
	TO HOSPITAL Page 4 may TO FUNERAL director, pa should be fi	NAME (Type) FIZEDERICKS, VOLLMER 6100 YORK KO, BALTO MD
	VR A15 (4)	REMOVAL (Specify) Burial 8/2/66 Cathedral Cem. Burial Balto. ADDRESS Mitchell-Wiedefeld Home inc. 6500 York Rd. 21212 Balto. Balto. Balto. Balto. Balto. Balto. DATE AUG 3 1866 Felically Judge
	20M 1/65	



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
r Fari	09653 CERTIFICATE OF DEATH	00659		
death death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)		
rs after death. by the funeral Pages flaster urs after death.	a. STATE Md. b. COUNTY A	Balto.		
rs afte by the Pages urs afte	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL at	nd give nearest town)		
hours after death, d in by the funeral rs. Pages d and 2 hours after death.	Parkville Parkville			
7 filled in by 1 papers. Page hin 72 hours a	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7834 High Point Road 7834 High Point Road	e. IS RESIDENCE DN A FARM?		
ie Vert		YES NO		
executed within 24 h and completely filled remove carbon papers n any event, within 72.	3. NAME DF DECEASED (Type or print) Virginia W Walters DF July	2, 19 66		
com ve c	5. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1)			
executed and con emove	JEMULE WIOWED DIVORCEO 0/14/192/ 39 yrs.			
	10a. USUAL OCCUPATION (Give kind of workdone during mpst of working life, even if retired) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT (CDU Actual during mpst of working life, even if retired) 10c. USUAL OCCUPATION (Give kind of workdone in NOUSTRY) 12. CIT (CDU Actual during mpst of working life, even if retired)	IZEN OF WHAT		
hysir ate	Housewife Marylana (1) 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	1.5.H.		
tife de la company de la compa	E 1 t :			
cer endi t. T	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address			
death (le atten permit, ion, or	(Vando, or unkown) (If yes give war or dates of service) 220-18-4669 Joseph P. Walters Same			
that the death certificate be sician. The attending physician altransit permit. There are altremation, or removal and its and its and its and its are mation.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH		
at ti ian. d by crens	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coracinoma of left broad with	OHOLI AND OLAH		
requires that the death nding physician. s been signed by the attist the burial-transit permitor to burial, cremation, or	conditions, If any, which) OUE TO metalous I acute heart facture august	val 514.		
tufre ng pl	gave rise to Immediate	100		
aw rectendirities be as the prior t	cause (a), stating the OUE ID Tereurof.	,		
atte atte ha se a the black the blac	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?		
il or ficati or u	La	YES ND		
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. To EUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-trans should be filed with the State Dept. of Health prior to burial, createness.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
HYS this tetac Dep		ty) (State)		
NG P by t fter be d state	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. 19 at work at work			
ATTENDING retained by CTOR: After should be	21. I certify that (I) (this hospital) attended the deceased from 12-1, 1962 to 7-2-, 1960			
CTO CTO Sho sho ith	saw the deceased alive on 7 - 2 19 66, and that death occurred at #A-M, from the causes and on the	date stated above.		
OR be 3 se d w	ATTENDING TO MED. STAFF TO	2.66		
TAL may AL I pau	22c. PHYSICIAN'S	7. 60.00.		
SSP! e 4 INER ctor	NAME (Type) Luther E. Little, M. D. 10 W. Madison Street			
TO HOSPITAL C Page 4 may 1 fo funeral D director, page should be file	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count permoval (Specify) July 6.1966 Balto, National Cem	ty) (State)		
	Burial July 6, 1966 Balto National Cem. Balto Md.	SIGNATURE		
VR A15 (4)	Langerd Q Ruch and Balta Md 212111 BILLE 1995 Miles			
20M 1/65	Leoreaca J. Mack, File., Bacco., ina. 21214 DATE JUL D 1900			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09654 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath textificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Baltimere o. STATE Maryland Alled in by popers. Pages 1.77 hours after d MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate mits, write RJRAL and give nearest town) write RURAL and pive pearest town) Baltimore 21207 d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) Box 189A Degwood Road Balte. County General Hespital NO F 3. NAME OF Middle DATE Month Year DECEASED OF DEATH Wantz July 29, 1966 Kenneth Elwood (Type or print) 8 DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR I IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Hours Male White Dec. 13, 1920 WIDOWED DIVORCED 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR Building during most of working life, even if retired) COUNTRY? Silver Run, Maryland U.S.A 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removo Elwood Joseph Wantz Laverme Bemiller IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes nive war or dotes of service) 204-01-8430 Helena E. Wantz Box 189A Degwood Rd cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CURUMARY THRUMBUSAS MASSIVE IMMEDIATE CAUSE (o) .. Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse ARTERIOSCIEROTKE HEART DISCASE 19 WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg, etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from JAN. 25, 1957, to JULY 3, 1966, that (1) (we) los saw the deceased alive an 1966, and that death accurred at 2.30AM, from causes and an the date stated abave saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c PHYSICIAN'S NAME (Type 2. Sherwood Ave. Pikesville Scalia director, should b 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimere National Baltimere 29 8-2-66 Md. 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR FUNERAL DIRECTOR 1966 DATE AUG 20 M 1/66



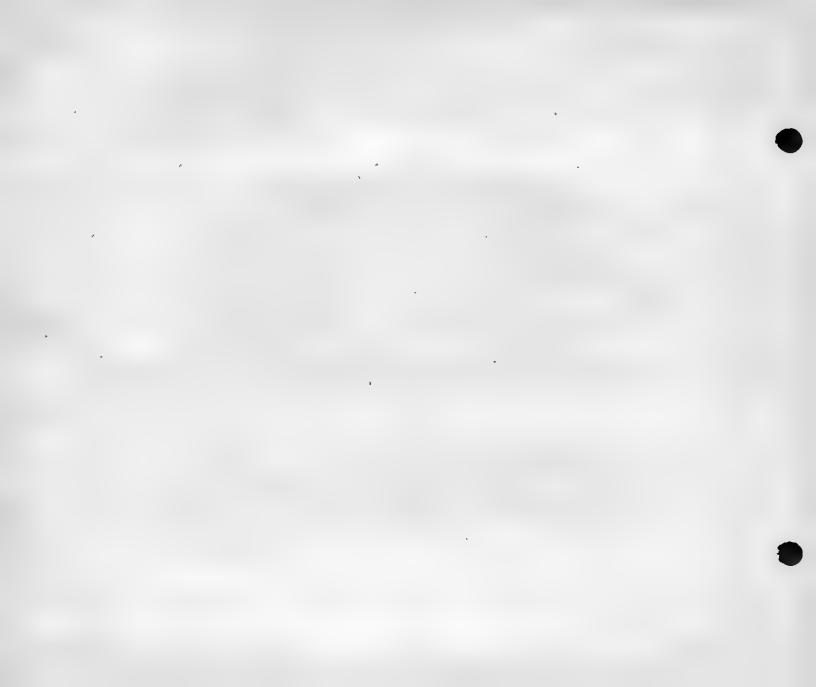
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 119854 FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) deloy 1. a. COUNTY a. STATE Poge Baltimore Maryland MARYLAND Baltimore c CITY OR TOWN (It outs de carparate limits write RURA, and give nearest tawn) b CITY OR TOWN (it auts de carparate mits C LENGTH OF STAY IN B and write RURAL and give nearest town) Essex d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS in Item 18. Give Pages 1, 7912 Eastdale Rd. #24 7912 Eastdale Rd. NO IX 3 NAME OF DECEASED DEATH July (Type or print) George John Weatherstine 5 SFX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (n years FUNDER 1 YEAR 83 last b rinday) Months Hours Male White Feb., 11, 1883 WIDOWED D VORCED 10a USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR 11 BIRTHP, ACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland
14 MOTHER'S MA DEN NAME Painter (Ret.) Paint USA pencil be executed within George Weatherstine Lizetta Kraft IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) removol, No 213165061 Mrs. Gladys M. Bellos- 7912 Eastdale Rd. INTERVAL BETWEEN B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 5 IMMEDIATE CAUSE (a) s o buriol tro cremation, writing the word DUE TO burioi Conditions, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying cause PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 4 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part i or Port il of item 18) PRIMARY ... or CONTRIBUTING ... CAUSE OF DEATH. 20c TME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) 1) Haur am foctory, street office bidg, etc.) DIRECTOR: Page at work 24. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔒 Inquiry 1 ond in my opinion Notural causes Suicide . Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **DEPUTY MEDICAL EXAMINER EXAMINER'S** 5 may 70 FUNE Health NAME (Type) Address (Street, city, tawn, or county) 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Burial (Specify) Gardens of Faith Cem. 7/9/66 Baltimore Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR'S 5 GNATURE VR A15ME_(5) harley Judge Leonard J. Ruck Inc. 5365 Harford Rd. #14



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09658 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 5 COUNTY MARYLAND death b. CIY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 CITY OR TOWN (If outside corporaté lun is write RURAL and give nearest town) write RURAL and give negrest town). d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS ON A FARM? YES NO X 3 NAME OF 4 DATE Year DECEASED 1966 IF JNDER 24 HRS NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during gost of working life, even if refired) COUNTRY 2-13 FATHERS NAME 14 MOTHER'S MAIDEN NAM 15 WAS DECEASED EVER IN 0.5 ARMED FORCES?
(Yes, no or unknown) (If yes give wor or dotes of service) INFORMANT 217-07-2312 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I, DEATH WAS CAUSED BY rown ь IMMEDIATE CAUSE (o) crematian, DUE TO the E-V. Distage Conditions, if any, which gave rise to mmed ofe couse (o), DUF TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? none NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part Lar Part Laf Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or fown) (County) (Stote) of work Not While Hour o.m. factory, street, office bldg, etc.) 21. I certify that I took charge of the remains described above, held an Autapsy , inspect on X, Inquiry X, and in my apinion death resulted from Natural causes X. Accident Suicide 1. Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FUNES Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify) BALTIMORE MASOLEUM 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5)



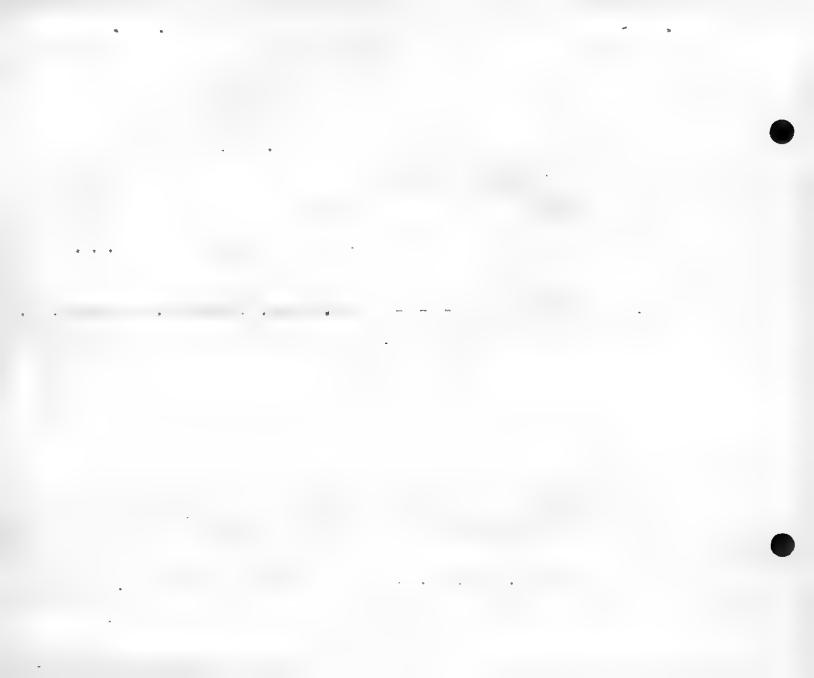
PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY t 2 MARYLAND b. CITY OR TOWN (if outside corporate c. CITY OR TOWN (If outside corporete limits, write RURAL 5 executed within filled d. STREET ADDRESS e. IS RESIDENCE hospitel, give streat address) ON A FARM? YES NO 3. NAME OF DEATH (Type or print) 19 5. SEX COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In yeers I IF UNDER I YEAR 70 last birthdey) death certificate WIDOWED done during most of working life, even if retired) HOUSE 듄 please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ENA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address the permit. attending physician, been signed by 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (6) burial-transit Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY 2 Q CERTIFICATION PERFORMED? prior USe NO W etached for 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) After this Health OR CONTRIBUTING CAUSE OF DEATH be retained by MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) Month, Dey, Yeer ö factory, street, office bldg., etc.) Not While may be retain DIRECTOR: ŏ Dept. at work at work 19 p.m. 28 to., should saw the deceased lative on..... 22b. DATE 22e. SIGNATURE 3 ATTENDING SIGNED TO FUNERAL director, page 3 HOSPITAL FUNERAL PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S REMOVAL (Specify) HEART C EM. 25s. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S-SIGNATURE VR A15 (4)



1	DIVISION OF STATISTICAL RESEARCH	-	ON STREET, BALTIMORE 1, P	MARYLAND
funeral and 2 death.	0000	ERTIFICATE OF DEATI		<u> </u>
dea	PLACE OF DEATH	2. USUAL RESIDEN	CE (Where deceased lived, If institution: b. COUNTY	Residence before admission)
	Baltimore	MARYLAND	aryland Bal	Ltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 1b C. CITY OR TOWN (I	foutside corporate limits, write RURAI	L and give nearest town)
	Overlea	60 yrs Overlea		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a	(Ive street address) d. STREET ADDRESS		IS RESIDENCE ON A FARM?
_	4612 Ridgeway Avenue	4612 R	idgeway Avenue	YES NO -
3	NAME OF First DECEASED	Middle Last	4. DATE Month	Day Year
	(Type or print) Unarles	M. Theeler	DEATH 7	1 1966
5	SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS
	ale widowed X	DIVORCED 7-12-1876	39 yrs.	
1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 INDUSTRY	USINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
	det.		e Jaryland	U.S.A.
1	FATHER'S NAME	14. MOTHER'S MAI		
	Joseph A. Wheeler		Annie Disney	
1		ECURITYNO. 17. INFORMANT	Address	Bel Air
1	212-05	-3024A Mr Charles R.	Wheeler 502 Mapley	riew Drive
F	18. CAUSE OF OEATH [Enter only one cause per line for (a	·		I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gerture	relevoter beaut des	lase	ONSET AND DEATH
	4 ~ · · · · · · · · · · · · · · · · · ·	relied orteres	4	-7
П	Conditions, If any, which	rolesed orteres	luns	
	gave rise to immediate cause (a), stating the DUE TO			
	underlying cause last. (c)			
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CEDTICION				YES NO
27.15	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBI	HOW INJURY OCCURRED. (Enter nature of	of Injury in Part I or Part II of Item 18	B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	factory etract office blds	arm, 20f. (City or town) (Co	unty) (State)
AFP.	Hour a.m. While Not at work at work at	While work	etc.)	
1	21. I certify that (I) (this hospital) attended the	7.	1966 to July 1 196	that (I) (we) last
			5°AM, from the causes and on	
	228. SIGNATURE	/	22b.	DATE SIGNED
	Chill 22	M.D. PHYS.	MED. STAFF PHYS.	12/66
	22c. PHYSICIAN'S	22d. ADDRESS		
	NAME (Type)			
2	BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
	REMOVAL (Specify) 7-5-1966 Page 1975	rkwood Cemetery	Baltimore, Co.	Md.
			C'D BY REGISTRAR 25b. REGISTRAR	
6	assalmed mouse Her. 7	OIF BATE	JUL 7. 1966 gille	welly Jules
=	The second secon			0



MARYLAND STATE DEPARTMENT OF HEALTH

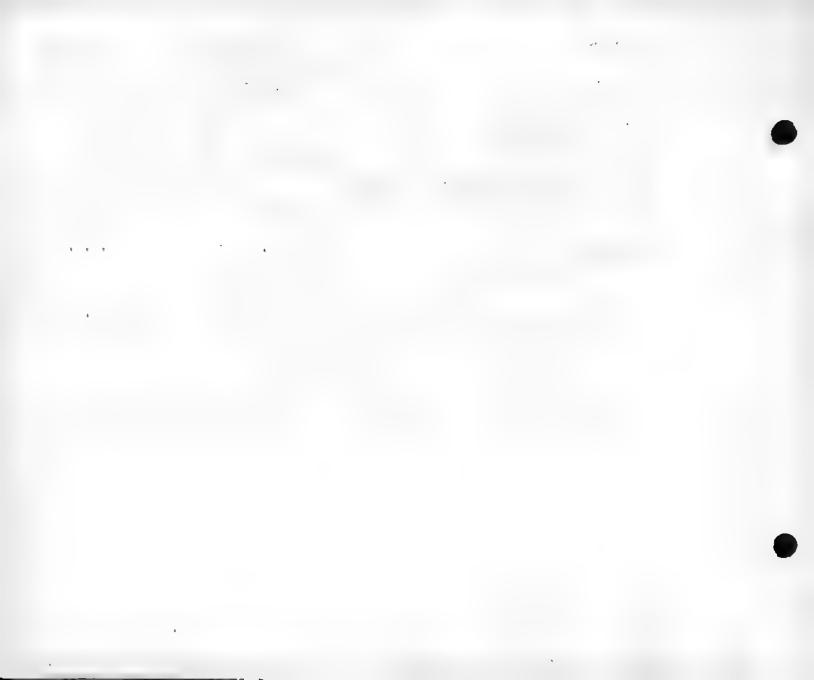


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08660 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Page 3 ta MARYIAND artment dea b CITY OR TOWN c LENGTH OF STAY IN 1b auts de carparate limits, write RURAL and give nearest tawn) gug 8 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. SIREET ADDRESS haurs alang with farm Give Pages 1, 08 MORRI YES NO Z ate 3. NAME OF 4 DATE Frst M ddle Lost Dov Year DECEASED ÔF with the (Type or print) DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 7 MARRIED butbdoy) Months Days Hours WIDOWED D VORCED I Office . event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ARYland. in any Lettrio pages 13 FATHER'S NAME This certificate shauld be executed within Ø pub WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give wor or dates of service) ar remayal, MMSSAS IB. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o' ward 120; crematian, DUE TO ô CTERIOSCLEROTIC CARDIONASCHUMA DISCOSE Conditions, if any, which gove e, writing the v farwarded ta th rise to immediate cause (a), DUE TO stating the underlying cause lost, PART II OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO V the certificate. YES 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of nary in Part I or Part II of term 1B) PRIMARY I or CONTRIBUTING I agent, pr CAUSE OF DEATH 20c. T.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page at work at work 21. 1 certify that I took charge of the remains described above, held on Autopsy Inspection [4] Inquiry ond in my opinion deoth resulted from: Natural causes Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL Address (Street, en Pown, or county) BURJAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 0 250 REC'D BY REGISTRAR REGISTRAR S SIGNATURE VR A15ME 161 AUG DATE





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution: Residence o. COUNTY a STATE b. COUNTY death. MARYLAND C LENGTH OF STAY IN 16 TOWN (If outside comporate limits, c CITY OR TOWN (If outside corporate imits, write RURAL and give negrest town) and Runas Phoenix #/ d NAME OF HOSP TAL OR INSTITUTION (if not in haspital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO X Phoenix #1 8 Give Pages 3 NAME OF Fist Middle DATE Month Dov Year DECEASEO OF 20 66 DEATH Madeline. with IF UNDER 1 YEAR S SEX DATE OF BRIH AGF 6 COLOR OR RACE 3 lost birthday) Months Dovs Hours White Nov 10 WIDOWED D. VOR CED event pul 10o JSUAL OCCUPATION (Give kind of work done) Ob KIND OF BUSINESS OR 11 B RTHPLACE (State or fareign country) 2 CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY York (o. Penna Housevule 13 FATHER S NAME 14 MOTHER'S MAIDEN NAMI shauld be executed within penci William Stermer Mary Flizabeth IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Address remaya, (Yes, no, or unknown) I(If yes give war or dates of service) Tharles & Workinger Pheonix #1 Md. Bx244 18 CAUSE OF DEATH (Enter only one couse per time far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (a) Word crematian, OUE TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUE TO D stating the underlying cause lost PART 1 OTHER SIGNE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO. certificate, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Port || of item 18) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) factory, street, affice bldg., etc.) Not While O FUNERAL DIRECTOR: Page 19 21. I certify that I took charge of the remains described above, held on Autopsy [7]. Inspect on -Inquiry and in my apinian Notural causes Accident the funeral director. Suicide 7 Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OFPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) hancelord I wo 2Sb. REGISTRAR'S SIGNATURE YR A15ME (5) Jacob Hartenstein New Freedom Penna 6M 1/66



within CTENDING OR. 0 15M 9/59

Baltimore County. Maryland 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o, REC'D BY REGISTRAR Lilly & Zeiler Inc. 1901-07 Eastern Avenue DATE

e. IS RESIDENCE

Day

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? YES NO I

that (I) (we) last

(Stote)

22b, DATE SIGNED

(Stote)

ONSET AND DEATH

Dovs

(County)

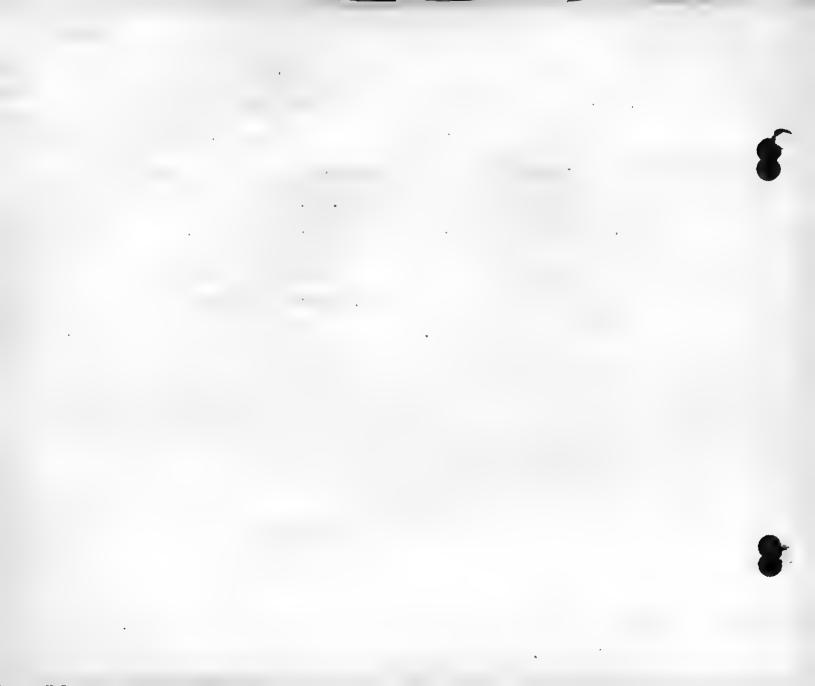
Months

ON A FARM?

YES NO

Yeor

19 66



MARYLAND STATE DEPARTMENT OF HEALTH CEDIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death, PLACE OF CEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Baltimore Maryland **MARYLAND** b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)

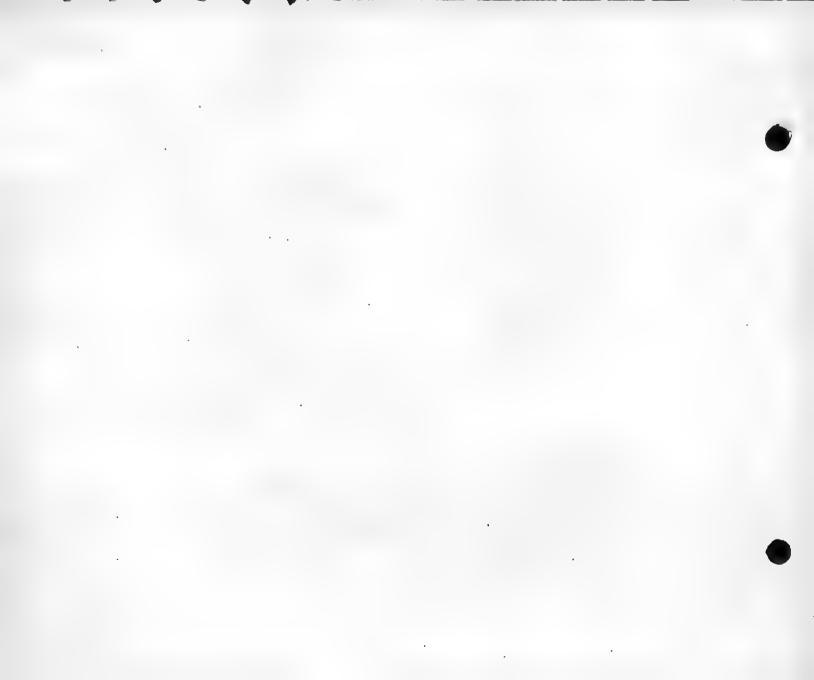
Owings Mills C. LENGTH DE STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) re carbon papers. Pag event, within 72 hours 1 779 Baltimore 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d. STREET ADDRESS O. IS RESIDENCE 24 ON A FARM? 318 Rossiter Avenue Rosewood State Hospital NO Z YES within completely 3. NAME DE Middie Last DATE Month Day Year DECEASED 1966 Delia WOYTOWITZ Agnes (Type or print) **ÖEATH** executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Devs Hours and Female 12-28-61 White WIDDWED [DIVORCED [1Da. USUAL DCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? Baltimore. Maryland U.S.A. Dependent none 13. FATHER'S NAME attending physical 14. MOTHER'S MAIDEN NAME remov Joseph Lawrence Woytowitz Delia Smith 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. FO (Yes. no. or unkown) ((fyes pive war or dates of service) Rosewood Records, Owings Mills. cremation. Maryland none the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Š PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a gned burial-t burial, DUE TO S Conditions, If any, which (b) gave rise to immediate 計ま DUE TO cause (a), stating prior underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p PERFORMED? certificate YES 🖅 NO [20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this cerum detached fr DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m. 19 at work U 1965 19 66, that M (we) last the 21. I certify that 10 (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 19.66 ... and that death occurred at 11:30. framelye causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. page M.D. PHYS. DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S director, p 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THEREDE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) EART CEM: FUNERAL DIRECTOR REGISTRAR'S SIGNATUR 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09665 requires that the death certificate be executed within 24 hours after death. deoth. Geare dung physician and completely filled in by the funeral person. Then please remove carbon papers. Pages 1 and 110n, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a STATE b. COUNTY MARYLAND h CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY (N 1h and give negrest town d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) e 15 RES DENC ON A FARM YES NO 1 NAME OF Middle DATE Month Day Year DECEASED OF DEATH 19 Type or print IF JNDER JE UNDER 24 HRS YFAR 7 MARRIED NEVER MARRIED ast birthday) Manths Hours DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown). If If yes give war ar dates of service cremation. CAUSE OF DEATH (Enter any one couse per line for (o), (b), and (c)) signed by the buriol-transit, PART I DEATH WAS CAUSED BY ONSET AND DEATH RONCHO PNEJMOIVIA IMMEDIATE CAUSE (a) physician. DUE TO buriol. Canditians, if any, which gove rise ta immediate cause (a). DUE TO for use as the t fHeolth prior to b stating the underlying couse Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been WGONGESTIVE HEART FAILURE HICL last WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION NO 20g ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port (I of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER with the Stote Dept. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Not While OR ATTENDING 21. I certify that (1) (this hospital) attended the deceased from 1966, 10 , 19___, that (I) (we) lost 3 should and that death occurred at 750 sow the deceosed alive on AM, from causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS director, page 3 should be filed v M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S EIKASA REDERI CK NAME (Type) BURIAL CREMATION DATE THEREOI OF CEMETERY OR CREMATORY LOCATION (City or Town 23c (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR -256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) DATE

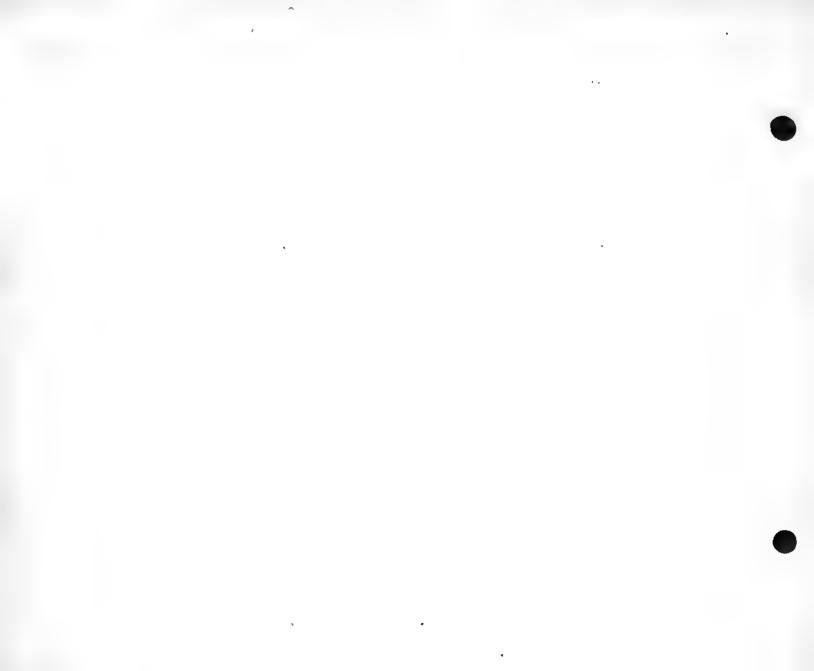


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	CSSS CERTIFICATE OF DEATH	1665				
funeral and 2 r death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of Death and December 1) and December 1	ence before admission)				
27 ay a	BALTING RE MARYLAND a. STATE MD. b. COUNTY BAL	TIMORE				
rs after by the Pages 1 urs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL) write RURAL and give nearest town)	give nearest town)				
in the pours	Jawson BALTIMORE #.	34 /				
24 ho papers. in 72 hi	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS GREATER BALTIMORE MEDICAL CENTER 9009 FOREST RD.	ON A FARM?				
	1 7000 10101	YES NO NO				
death certificate be executed within the attending physician and completely permits. Then please remove carbon tion or any event, with	3. NAME OF DECEASED (Type or print) GENEVIEVE DAISEY YANDOW DEATH JULY	aim a a				
uted wi	5. SEX 6. COLOR OR RACE 7. MARDIED NEVER MADDIED 1 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YE	AR IF UNDER 24 HRS.				
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ate hysid plez	13. FATHER'S NAME	1.S.A.				
tific ng p hen nova	BENJAMIN FRANZ Eliz. RETNER					
eath certificate be ex attending physician a ermits. Then please re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)					
uires that the death cer g physician. an signed by the attendi burial-transit permits. To burial, cremation, aggin	NO 112-20-6687 HOSPITAL RECERDS - SAME	APPRESS				
re d / the nativ		NTERVAL BETWEEN DNSET AND DEATH				
at te	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MESENTERIC VASCULAR OCCLUSION					
s th nysic nigne rial- rial,	conditions, If any, which by MESENTERIC THROMBOSIS					
ag plane	gave rise to immediate (
faw require attending p has been e as the bu	underlying cause last.) (c) SEVERE ARTERIOSCLEROTIC DISEASE					
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by til director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, creman	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED?				
al or The for the allowers	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO				
OR ATTENDING PHYSICIAN: The labe retained by the hospital or att JRECTOR: After this certificate has 3 should be detached for use ge 3 should be detached for use ed with the State Dept. of Health p	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
HYSI he ha this etacl Dep) (State)				
DING PR d by th After ti d be de e State I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work					
TENDIN tained OR: Af hould I	21. I certify that (I) (this hospital) attended the deceased from 7/5, tolily 3, 156,	, that (I) (we) last				
OR ATTENE y be retaine birector, gg 3 should	saw the deceased alive on	date stated above.				
OR Jee 3	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	1/2/2				
may may yat r	22c. PHYLCIAN'S	109				
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 should be filed v	JOSEPH HOOPER, JR. 100 L. JAKG. 01.					
Pag Pag dire shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY, 23d. LOCATION (City, town or county REMOVAL (Specify) 7/8/66. PARKWOOD CEMETERY RATE.	21				
0	24. FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE				
VR AIS (4)	LEONARD J. Ruck INC. BALTO. 14 Md. DATE JUL 8 1966 Million					
20M 1/65	TORK OF THE PARTY	-0-0-				



		Divisio	n of STATISTIC	AL RESEA	RCH AND RECORDS, 30	IL W. PRESTON STR	LEET, BALTIMORE	, MARYLAN	D 21201	
FOR STATE		09667	7.660	MEDI	CAL EXAMINER'S	CERTIFICATE	OF DEATH			1666
Tory delay is an PM3. Page HEATH Department of the control of the		PLACE OF DEATH a. COUNTY Baltimo	re		MARYLAND	2 USUAL RESIDENCE a STATE Md.	(Where deceased tvec	l, if institution I b COUNTY	Res dence befo Balt	,
		b CTY OR TOWN (If oursid write RURAL and give in Owings Mi	e corporate mits.		t LENGTH OF STAY IN 16	Owings M		s, write RJRAL c	and give neare	st lown)
th If Cry 2, 1, 2, 1 form Prote Departments of the Cry 1, 2, 1, 2, 1, 2, 1, 2, 3, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,		Box 202			4	d STREET ADDRESS Box 202	Winans	Road		e IS RES DENCE ON A FARM? YES A NO
hours ofter death If to Office along with form I ond 2 with the State De event within 72 hours	1	NAME OF DECEASED	First Walter		Midd e Zac	Last z ek	4 DATE OF	Month July	Do	
8. Give olong with the with the	Š.		OR OR RACE 7	MARRIED		B DATE OF BRIH		In years F outhday) Ma	UNDER 1 YEAR anths Days	IF UNDER 24 HR
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within 24 penal in I xominer's ile pages I nd in ony		FATHER'S NAME Sam Zaczek				14. MOTHER'S MAIDEN	NAME	pochaca	Z	
executed with nating in permit File permit. File proval, and	IS {Ye	WAS DECEASED EVER IN US is, no, ar unknawn) (If yes g	ARMED FORCES? Ive war or dates of se	16 S	001AL SECURITY NO 17 9-14-0563 M	INFORMANT rs. Rose Ni:	zolek, 680	Address 4 Old F	Balto. larcord	rd.,
should be execute ne word "pending" to the Chief Med cal buriol-trons t permit. motion, or removal,		18 CAUSE OF DEATH (ER PART I DEATH WAS	rer anly ane couse p CAUSED BY: AMEDIATE CAUSE (a). DUE TO	per line for l	(a) (b) and (c))	errhe z	- V. 2i	ocase	IN ON	TERVAL BETWEEN NSET AND DEATH
L EXAMINER: This certificate ecute the certificate, writing it Page 4 should be forwarded tor your files. R:Page 3 should be used as a sted agent, prior to buriat, cre	NOI	Conditions, if any, which is rise to immediate couse stating the underlying co	(a), DUE TO				×			
		******		R BUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN N PA	RT I(a)		WAS AUTOPSY PERFORMED?
	CERTIFICATION	20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTI CAUSE OF DEATH		20b. DES	CR BE HOW INJURY OCCURRED	(Enter nature of injury in	Part t or Part II of it	em 18)		YES NO 2
	MEDICAL (20c TIME OF INJURY Mai	nth Day, Year		URY OCCURRED 20e PL	ACE OF INJURY (Hame far tary, street, affice bldg , etc	m 20f (City o	or town)	(Caunty)	(State)
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necessory, please extre function of the functi		EXAMINER'S NAME (Type) D. D.			6 Hanov	DEPUTY MEDIC	CAL EXAMINER 📑	ny) Md •	7-	22-66
TO D the S my Heal	230	BURIAL, CREMATION, REMOVAL (Specify)	236 DATE THEREO)F	23c NAME OF CEMETERY OR St. Stanisla	us Cem.	23d 10(ATION Baltimo	ore Mar		
VR A15ME (5)		. FUNERAL DIRECTOR		ביסר	ADDRESS		D BY REGISTRAR	2Sb. REG STE	RARS SIGNATI	RE Guerra
6M 1/66		Leonard J. R	uck inc.	うづいう	Harford Road	DATE *	JOH WO K	NO K	- carrely	1 Jugar

MARYLAND STATE DEPARTMENT OF HEALTH



- 1		MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
# 150 g	7	09668 CERTIFICAT		0.9667
after death. the funeral ges 1 and 2 is after death.	3	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE Maryland b. COUNTY	on: Residence before admission) Baltimore
hours after of in by the first. Pages 1	1	b. CITY DR TOWN (if outside corporate limits, write BURAL and give nearest town) Wral-Baltimore	c. CITY OR TOWN (If Butside corporate limits, write Rt Baltimore #6	
24 fillec		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1416 Peper Avenue	d. STREET ADDRESS 1416 Peper Ave.	e. IS RESIDENCE DN A FARM? YES NOVE
within spletely carbon nt, with	3.	NAME OF DECEASED (Type or print) Josephine First Middle Jim	Last 4. DATE Month OF DEATH July	Day Year 2, 19 66.
executed within 24 ho and completely filled I remove carbon papers. In any event, within 72 h		Female White WIDOWED DIVORCED	8. DATE OF BIRTH March 20, 1884 9. AGE (in years IF UN last birthday) Mont	IDER 1 YEAR IF UNDER 24 HRS ths Days Hours Min.
e	10: du	USUAL OCCUPATION (Give kind of workdone Ing most of working life, even if retired) HOUSEWIFE HOUSEWIFE		2. CITIZEN OF WHAT COUNTRY? USA
certificate be nding physician phase i removat and i		FATHER'S NAME (harles Wilson	14. MOTHER'S MAIDEN NAME Johanna	?
	1: (Y	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. (If yes give war or dates of service) 214-01-43310Wz	INFORMANT Address s. Robert Crawford	(Same)
requires that the ding physician. been signed by th the burial-transit is to burial, cremal		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)	Cerchoverulan accident	INTERVAL BETWEEN DNSET AND DEATH
	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART URRED, (Enter nature of Injury In Part 1 or Part II of Item	YES ND
युक्त के ट्रा		Hour s.m. While Not While p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bidg., etc.)	(County) (State)
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		saw the deceased alive on 2219 6, and the 22a. SIGNATURE Decelor M.I. 22c. PHYSICIAN'S NAME (Type)	at death occurred at 133 m, from the cuses and	on the date stated above.
TO HOSPITAL O Page 4 may E TO FUNERAL DI director, page should be file	23:	Burial 7/6/66. Oaklawn Ce	emetery Baltimore	
VR A15 (4) (1) 20M 1/65		Leonard J. Ruck Inc. Balto. Md. 21		ionles Judge

aut Continue lever Comety atmendering 12 12 12 1 - mil 1281 J. S. Mer 10 auch

VR A15 (4) 20 M 1/66

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

TREMOVAL (Specify)

requires that the death certificate be executed within 24 hours after death

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

2Sa. REC'D BY REGISTRAR

Baltimore , Maryland 2Sb. REGISTRAR'S SIGNATURE

(County)

(State)

Wm. Cook-Brooks Towson 1050 York Rd. Towson 4,

July 6, 1966

DATE

23d. LOCATION (City or Town)